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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L32101 (2)
1. Corporation Name
AMERICORP FINANCIAL GROUP, INC.



Principal Place of Business
800 N.E. 62ND ST.
204
FT. LAUDERDALE FL 33334
US

Mailing Address
800 N.E. 62ND ST
204
FT. LAUDERDALE FL 33334-3522
US

3. Date Incorporated or Qualified 11/28/1989
3a. Date of Last Report 04/30/1996
4. FEI Number 65-0190827
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21. 555 SW 12 AVE
Suite, Apt. #, etc. #100
City & State POMPANO BEACH FL
Zip 33069 Country USA
22. 555 SW 12 AVE
Suite, Apt. #, etc. #100
City & State POMPANO BEACH FL
Zip 33069 Country USA
23. 555 SW 12 AVE
Suite, Apt. #, etc. #100
City & State POMPANO BEACH FL
Zip 33069 Country USA
24. 555 SW 12 AVE
Suite, Apt. #, etc. #100
City & State POMPANO BEACH FL
Zip 33069 Country USA

9. Name and Address of Current Registered Agent
BANKER'S SERVICES GROUP
800 N.E. 62ND ST., SUITE 204
19495 BISCAYNE BLVD., SUITE 400
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when re/instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	1.1 TITLE	
NAME	PATEK, ROBERT C.	1.2 NAME	
STREET ADDRESS	333 CENTER ISLAND	1.3 STREET ADDRESS	
CITY- ST- ZIP	GOLDEN BEACH FL	1.4 CITY- ST- ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: [Signature] 3-20-97 954-784-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0289007