## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

L34245

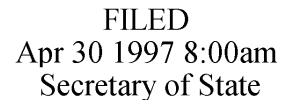
(5)

**NELSON FINANCIAL GROUP, INC.** 

Principal Place of Business

C/O WILLIAM B. NELSON 6216 TROQUOIS CT. ODESSA FL 33556 Mailing Address

C/O WILLIAM B. NELSON 6216 IROOUOIS CT. ODESSA FL 33556-3322





							3. Date Incorporated or Qualified 12/04/1989 3a. Date of Last Report 09/23/1996				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	<del>- 1.1</del>			Applied For
21			26				59-2982054				Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status D	notrad		\$8.75	Additional
22			27				• Certificate of Status D	esireu		Fee	Required
City & Stat	é		City & State				6. Election Campaign Fir	nancing		\$5.0	May Be
23		28					Trust Fund Contribution	en –		•	d to Fees
Zip	Country	Country Zip			intry		8. This corporation has I	iability for i	intangible t	ax under	s. 199.032,
24	25 29 3					Florida Statutes Yes N				No	
	9. Name and Addre	ss of Current Regi	stered Agent				10. Name and Address of	of New Re	gistered A	gent	
	.son, william b				81	Name					
6216 IROQUOIS CT. Odessa Fl. 33556						82 Street Address (P.O. Box Number is Not Acceptable)					
					B4	O:1	12212				
ı					64	City			FL	<b>85</b>   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							·····				
12.	Signarine Typed or printed name	FFICERS AND DIRE		13.	J AQU	nt signature rec	quired when reinstating) ADDITIONS/CHANGES	YA AFFIA	DATE FOC AND I	DIDECTA	NDO IN 10
TITLE	PC O	FICENS AND DINE	DELETE	1.1 Ti	TLE		ADDITIONS/CHANGES	TO OFFIC		Change	
NAME	NELSON, WILLIAM	D							L	Change	ן ווטוווטטא נן
	6216 IROQUOIS CI			1.2 N/							1
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CHY+ST-ZIP TITLE	VD VD		DELETE	1.4 CI		I-ZIP				70	
		D	L.J DECETE	2.1 TO 2.2 NA					L	Change	Addition
NAME	SARRES, GEORGE P 1921 S.E. FORT KING										[
STREET ADDRESS						ADDRESS		•			
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TITLE			☐ DELETE	3.1 TX					L	Change	Addition
NAME					ME						
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CITY-ST-ZIP				3.4. C		T-21P					
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City-\$1-7:2				4.4 CI	IY-\$1	r-21P					
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NAME				52 NA	ME	1					l
STREET ADDRESS				5351	REET	ADDRESS					l
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TITLE			DELETE	6.1 711	LE				L	Change	Addition
NAME				6.2 N/	ME						
STREET ADDRESS				6.3 ST	REET	ADDRESS					
CITY-ST-ZIP				6.4 Ci							
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I am an officer or director of the corporation syppined with this iming does not quality 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 if change), or on an attachment with an address.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTO

4-23-97 813-969-1600