FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:10

DOCUMENT # N20211 (1)

1. Corporation Name
THE BROWARD COUNTY FINANCIAL GROUP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O A. BURTT GREINER III 7080 N.W. 4 STREET PLANTATION FL 33317	C/O A. BURTT GREINER III 7080 N.W. 4 STREET PLANTATION FL 33317

3. Date Incorporated or Qualified: 04/17/1987
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2735438 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREINER, A. BURTT III
7080 N.W. 4 STREET
PLANTATION FL 33317

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	GREINER, A. BURTT, III	1.2 NAME		
STREET ADDRESS	7080 N.W. 4 STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MEUSER, KEN	2.2 NAME		
STREET ADDRESS	500 E. BROWARD BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	GULLMAN, JOHN D.	3.2 NAME		
STREET ADDRESS	300 S. PINE ISLAND RD	3.3 STREET ADDRESS	5300 N.W. 33 Ave. Suite 118	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Fort Lauderdale, Fl 33309	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MARKS, BRUCE R	4.2 NAME		
STREET ADDRESS	7501 W OAKLAND PK BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MCKENNA, THOMAS	5.2 NAME		
STREET ADDRESS	1101 N CONGRESS AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CLONINGER, PAT	6.2 NAME		
STREET ADDRESS	25 S ANDREWS AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Burtt Greiner III 1/25/95 305-583-2711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
A. Burtt Greiner III

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