Mailing Address 2907 BAY TO BAY BLVD

TAMPA FL 33629

2a. Mailing Address

Suite, Apt. #, etc.

STE 200

26

27

PROFIT CORPORATION ANNUAL REPORT

1999

DOMINION FINANCIAL GROUP, INC.

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

2907 BAY TO BAY BLVD

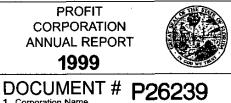
Suite, Apt. #, etc.

SUITE 200

21

22

TAMPA FL 33629



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90199 014 ***150.00

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO	W TON C	RITE IN	THIS S	SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

09/29/1989 4. FEI Number

76-0062372

City & State	92	City & State		. · · · . #	6. Election Campaign Financing	~ *5.00 t	
23	·	28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip Country			8. This corporation owes the current ye		- 7
24	25	29 30	<u> </u>		Personal Property Tax.		□No
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Regist	ered Agent	
1011	EQ. DOMOLEO N		81	Name			
JONES, DOUGLAS N 2907 BAY TO BAY BLVD STE 200			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
			83				
TAMPA FL 33629			84	City		85 Zip C	ode
				_		FL	_
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	orized by	the corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	se of changing its of appointment as reg	registered pistered
SIGNATURE	LANGE AND TO BAND IN THE AND THE PARTY OF TH						ļ
SIGNATURE	Signature, typed or printed name of registered agent a		gistered Agen	t signature required			
12.	OFFICERS AND DIRECTORS		13.	13. ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE	ĺ		☐ Change	Addition
NAME	KRUSEN, W.A., JR.		1.2 NAME				
STREET ADDRESS	DDRESS 1300 MAIN ST., #1840		1.3 STREET	ADDRESS			
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-S1	r-ZIP			
TITLE	\$	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	SAUER, JOEL P.		2.2 NAME				
STREET ADDRESS	1300 MAIN ST., #1840		2.3 STREET	ADDRESS			
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-S	T-ZIP			
TITLE	-VP	☐ DELETE	'3.1 TITLE			☐ Change	☐ Addition
NAME	LAWRENCE, CYNTHIA E		3.2 NAME				
STREET ADDRESS	2907 BAY TO BBAY BLVD, SUITI	E 200	3.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY-S	T- ZIP			:
TITLE	Ť	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	JONES, DOUGLAS N		4. 2 NAME				
STREET ADDRESS	2907 BAY TO BAY BLVD, STE 20	00	4.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629		4.4 CITY-ST	r-zip			
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	KRUSEN, WILLAIM A III		5.2 NAME			•	Ì
STREET ADDRESS	2907 BAY TO BAY BLVD, STE 20	00	5.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629		5.4 CITY-ST	r-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	,		6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	·		6.4 CITY-ST	r-zip			

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: