

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042108 (9)

1. Corporation Name

OXFORD FINANCIAL GROUP OF BOCA RATON, INC.

Principal Place of Business

18231 SABAL LAKE DR.
BOCA RATON FL 33434

Mailing Address

18231 SABAL LAKE DR.
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0418857

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. This corporation has liability for intangible tax under Ch. 100.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 433 PLAZA REAL

Suite, Apt. #, etc.

22 #275

City & State

23 BOCA RATON, FL

Zip

24 33432

Country

25 USA

2a. Mailing Address

26 433 PLAZA REAL

Suite, Apt. #, etc.

27 #275

City & State

28 BOCA RATON, FL

Zip

29 33432

Country

30 USA

9. Name and Address of Current Registered Agent

ALONSO, HARRY
18231 SABAL LAKE DRIVE
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

ALONSO, HARRY

82 Street Address (P.O. Box Number is Not Acceptable)

5341 ASCOT BEND

83

84 City

BOCA RATON

FL

85 Zip Code

33496

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

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALONSO, HARRY
STREET ADDRESS	18231 SABAL LAKE DR.
CITY - ST - ZIP	BOCA RATON FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	ALONSO, HARRY	
1.3 STREET ADDRESS	5341 ASCOT BEND	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33496	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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.

SIGNATURE: HARRY ALONSO, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 407-998-3222

Date

Signature (Print Name)