

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 27 PM 1:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000058755 (8)**

1. Corporation Name

**TOWNSEND ADVISORY GROUP, INC.**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>08/16/1993</b>                                                                                                      | 3a. Date of Last Report<br><b>05/01/1994</b>                                       |
| 4. FEI Number<br><b>65-0430507</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75</b> Additional Fee Required                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees                                                 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                    |

|                                                                                                    |                                                                                     |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>8100 SW 81 DRIVE<br/>SUITE 290A<br/>MIAMI FL 33143<br/>US</b> | 2a. Mailing Address<br><b>8100 SW 81 DRIVE<br/>#290-A<br/>MIAMI FL 33143<br/>US</b> |
| 21. Suite, Apt. #, etc.                                                                            | 26. Suite, Apt. #, etc.                                                             |
| 22. City & State                                                                                   | 27. City & State                                                                    |
| 23. Zip                                                                                            | 28. Country                                                                         |
| 24. Zip                                                                                            | 25. Country                                                                         |

**9. Name and Address of Current Registered Agent**

**SACHER, CHARLES P  
2655 LE JEUNE ROAD  
SUITE 1101  
MIAMI FL 33143**

**10. Name and Address of New Registered Agent**

|                                                        |
|--------------------------------------------------------|
| 81. Name                                               |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.                                                    |
| 84. City                                               |
| 85. Zip Code                                           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PTSD                          | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TOWNSEND, SAMUEL W JR         | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8100 SW 81 DRIVE / STE - 290A | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | MIAMI FL 33143                | 1.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                               | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                               | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                               | 2.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                               | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                               | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                               | 3.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                               | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                               | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                               | 4.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                               | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                               | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                               | 5.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                               | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*[Signature]*

(Signature and typed or printed name of signing officer or director)

**SAMUEL W. TOWNSEND, JR., PRESIDENT**

**4-22-95**

**205/595-1223**