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PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTM▓T OF STATE
Sandra B. M▓tham
Secretary o▓ ▓ate
DIVISION OF COR▓RATIONS

FILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # **P93000064728 (7)**

1. Corporation Name

STURSBERG FINANCIAL ADVISORS, INC.

Principal Place of Business
11236 STATE RD 84
DAVIE FL 33325

Mailing Address
11236 STATE RD 84
DAVIE FL 33325-4021

3. Date Incorporated or Qualified	3a. Date of Last Report
09/08/1993	**04/19/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 *701 Lake Drive*	26 *701 Lake Drive*	**65-0433785**	Applied For
			Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 23 City & State *Sebastian FL* | 28 City & State *Sebastian FL* |

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

| 24 Zip *32958* | 25 Country *Indian River* | 29 Zip *32958* | 30 Country *Indian River* |

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STURSBERG, JOSEPH G **11236 STATE RD 84** **DAVIE FL 33325**	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 *[signature]*

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE *2/10/97*

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **STURSBERG, JOSEPH G**		1.2 NAME	
STREET ADDRESS **11236 STATE RD 84**		1.3 STREET ADDRESS	
CITY-ST-ZIP **DAVIE FL 33325**		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-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-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: *[signature] Joseph G Stursberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 Date   *561-388-9800* Daytime Phone #

0285223