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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000086517 (8)

1. Corporation Name

THE SHELburnE FINANCIAL GROUP, INC.



Principal Place of Business

Mailing Address

11790 SW 89TH ST
MIAMI FL 33186-2166
US

11790 SW 89TH ST
MIAMI FL 33186-2166
US

3. Date Incorporated or Qualified

12/17/1993

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENBERG, JEFFREY M
11790 SW 89TH ST
MIAMI FL 33186-2166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERNARD, CAROL J	
STREET ADDRESS	71 HAMPTON TOWN ESTATES 10010 BELLE RIVE	
CITY-STATE-ZIP	HAMPTON NH JACKSONVILLE, FL #1302	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, WILLIAM E	
STREET ADDRESS	71 HAMPTON TOWN ESTATES	
CITY-STATE-ZIP	HAMPTON NH	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ANDERSON, MARYLOU C	
STREET ADDRESS	12653 NW 13TH CT	
CITY-STATE-ZIP	SUNRISE FL	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	DAVID W. ANDERSON	
STREET ADDRESS	12653 N.W. 13 COURT	
CITY-STATE-ZIP	SUNRISE, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	VD
1.2 NAME	BERNARD, CAROL J.
1.3 STREET ADDRESS	10010 BELLE RIVE
1.4 CITY-STATE-ZIP	JACKSONVILLE, FL #1302
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	PC
4.2 NAME	ANDERSON DAVID W.
4.3 STREET ADDRESS	12653 N.W. 13 COURT
4.4 CITY-STATE-ZIP	SUNRISE, FL
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)