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 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003437 (8)

1. Corporation Name
CAPITAL FINANCIAL CONSULTANTS, INC.

Principal Place of Business
2650 N.W. 46TH STREET
BOCA RATON FL 33434

Mailing Address
2650 N.W. 46TH STREET
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21 621 NW 53RD STREET
Suite, Apt. #, etc.
22 SUITE 120
City & State
23 BOCA RATON, FL
Zip 24 33487 Country 25 U.S.A.

2a. Mailing Address
26 621 NW 53RD STREET
Suite, Apt. #, etc.
27 SUITE 120
City & State
28 BOCA RATON, FL
Zip 29 33487 Country 30 U.S.A.

4. FEI Number: 65-0472269 ☐ 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

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

9. Name and Address of Current Registered Agent
EISENBERG, MARK J
2650 N.W. 46TH STREET
BOCA RATON FL 33434

10. Name and Address of New Registered Agent
81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 621 NW 53RD STREET SUITE 120
83
84 City: BOCA RATON, FL 85 Zip Code: 33487

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] MARK EISENBERG 4/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	EISENBERG, MARK J	1.2 NAME	
STREET ADDRESS	2650 N.W. 46TH STREET	1.3 STREET ADDRESS	621 NW 53RD STREET SUITE 120
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	MERAN, HARRY B	2.2 NAME	
STREET ADDRESS	2650 N.W. 46TH STREET	2.3 STREET ADDRESS	621 NW 53RD STREET SUITE 120
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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] MARK J. EISENBERG 4/1/95 407-995-7179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0262648 CP