

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90230 017 \*\*\*150.00

DOCUMENT # P94000004438

1. Corporation Name

NORTHSTAR FINANCIAL GROUP, INC.



Principal Place of Business

4048 W. KENNEDY BLVD  
SUITE 655  
TAMPA FL 33609  
US

Mailing Address

4048 W. KENNEDY BLVD.  
SUITE 655  
TAMPA FL 33609  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 4048 W. Kennedy Blvd.

Suite, Apt. #, etc.

27 PMB 655

22 City & State

23 Zip

28 City & State

28 Tampa, FL

29 Zip

33609

30 Country

30 U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1994

4. FEI Number

59-3309046

Applied For

Not Applicable

5. Certificate of Status Desired

□ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

□ \$5.00 May Be  
Trust Fund Contribution

7. This corporation owes the current year Intangible  
Personal Property Tax.

□ Yes  No

8. 10. Name and Address of New Registered Agent

LAWRENCE, ANNETTE L  
4048 W KENNEDY BLVD.  
SUITE 655  
TAMPA FL 33609

81 Name Lawrence, Annette L  
82 Street Address (P.O. Box Number is Not Acceptable)  
1815 Sunrise Blvd.  
83  
84 City Clearwater FL 85 Zip Code 33760

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, ANNETTE	1.2 NAME	
STREET ADDRESS	1815 SUNRISE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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 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, with all other like empowered.

SIGNATURE: *Annette Lawrence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 (800) 899-4448

Date

Daytime Phone #

CR2E034 (11/98)