SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400007252 (7)

| JM FINANCIAL GROUP, INC. | | | | | | | | A SECRETARION OF COME AND A CONTRACTOR OF CO |)))) | 1816 11881 8188 1181 1886 | l |
|---|-------------------------|--|---------------------|--------------------------------|--|--|---------------------------------------|--|-----------------------------------|---------------------------|------------------|
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 1007 N FEDERAL HWY SUITE 125 FT LAUDERDALE FL 33304 1007 N FEDERAL HWY SUITE 125 FT LAUDERDALE FL 33304 1007 N FEDERAL HWY SUITE 125 FT LAUDERDALE FL 33304 | | | | | 004 | | | Date Incorporated or Qualified | | | |
| | | | | | | | | 01/20/1994 | 05/0 |)1/1995 | |
| 2. Principal P | lace of Busin | ness | 2a. M | lailing Address | | | | 4. FEI Number | | Applied Fo | or |
| 21 | | | 26 | | - ,,,,,,, | | | 65-05 12323 | | Not Applic | |
| Suite, Apt. | #, etc | | 27 Si | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | Ú | | С | ity & Slate | | 21301120 | | 6. Election Campaign Financing | | \$5.00 May Be | |
| 23 | | , | 28 | | | | | Trust Fund Contribution | <u> </u> | Added to Fees | |
| Zip | | Country | Z Z | ıb | Coun | itry | | 8. This corporation has liability for | | | 2, |
| 24 | o Nomo | 25 Address of Core | 29 | ad Amanh | 30 | | | Florida Statutes | Yes | No | |
| | | and Address of Curr | rent negister | en wäeur | | 81 N | Jame | 10. Name and Address of New Ro | egistered A | gent | |
| | NIZZI, MAR | | | | | | | | | | |
| | 7 N FEDE | ral hwy | | | 8 | 82 S | Street Addre | ess (P.O. Box Number is Not Acceptal | ble) | | |
| | TE 125 | N.F. F1 .0000.1 | | | Ē | B3 | | A. M. | | | |
| FI | LAUDERDA | ALE FL 33304 | | | | | | | | , , | |
| | | | | | 8 | 84 C | City | | FL | 85 Zip Code | |
| | | | | | | | | | | | |
| SIGNATURE | Signal #6 1/1 6/ | for poste finite e of registered. OF FICERS A | agent and the if ap | DRS | 13. | Agent se | ะลูกลาสะ re-ๆre | ed wher renstating) ADDITIONS/CHANGES TO OFF | DATE CERS AND | | - |
| 12 . | D | OF HICERS A | | | 13. 1 1 TITL | F | egnarura respute | | | | dition |
| 12. Title Name | D FANIZZI | OFFICERS A | AND DIRECTO | DRS | 13. 1.1 TUTL 1.2 NAM | F ME | | | | | dition |
| 12. TITLE NAME STREET ADDRESS | D Fanizzi 1007 n. | OFFICERS A , MARY FEDERAL HWY # 1 | AND DIRECTO | DRS | 13. 1 1 TITL 1.2 NAM 1 3 STRI | F ME FET ADD | DRESS | | | | dition |
| 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP | D Fanizzi 1007 n. | OFFICERS A | AND DIRECTO | DRS DELETE | 13. 1 1 TITL 1.2 NAM 1 3 STAI 1 4 CI ¹ Y | F ME FET ADD Y • ST - ZI | DRESS | | | Change Adi | |
| 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE | D Fanizzi 1007 n. | OFFICERS A , MARY FEDERAL HWY # 1 | AND DIRECTO | DRS | 13. 1 1 TITL 1.2 NAM 1 3 STAI 1 4 CPY 2 1 TITL | F ME FET ADD Y • ST - ZI E | DRESS | | | Change Ad | dition |
| 12. TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME | D Fanizzi 1007 n. | OFFICERS A , MARY FEDERAL HWY # 1 | AND DIRECTO | DRS DELETE | 13. 1 1 TITL 1.2 NAM 1 3 STAI 1 4 CITY 2 1 TITL 2 2 NAM | F ME FET ADD Y - ST - ZI E ME | DAESS IP | | | Change Adi | |
| 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS | D Fanizzi 1007 n. | OFFICERS A , MARY FEDERAL HWY # 1 | AND DIRECTO | DRS DELETE | 13. 11 TITL 12 NAM 13 STRI 14 CI ² Y 21 TITL 22 NAM 23 STRI | F ME FET ADD Y - ST - ZI E ME AE | DAESS IP DRESS | | | Change Adi | |
| 12. TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME | D Fanizzi 1007 n. | OFFICERS A , MARY FEDERAL HWY # 1 | AND DIRECTO | DRS DELETE | 13. 1 1 TITL 1.2 NAM 1 3 STAI 1 4 CITY 2 1 TITL 2 2 NAM | F ME FET ADD Y - ST - ZI E ME EFT ADD Y - ST - Z | DAESS IP DRESS | | | Change Adi | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Fanizzi 1007 n. | OFFICERS A , MARY FEDERAL HWY # 1 | AND DIRECTO | DRS DELETE | 13. 11 TITL 12 NAM 13 STAI 14 CI ² Y 21 TITL 22 NAM 23 STAI 2 4 GIT | F ME FET ADD Y - ST - ZI E ME EFT ADD Y - ST - Z | DAESS IP DRESS | | | Change Adi | dition |
| 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE | D Fanizzi 1007 n. | OFFICERS A , MARY FEDERAL HWY # 1 | AND DIRECTO | DRS DELETE | 13. 11 TITL 1.2 NAM 1.3 STAI 1.4 CI ³ Y 2.1 TITL 2.2 NAM 2.3 STAI 2.4 GIP 3.1 TITL | F ME FET ADD Y - ST - ZI E ME EFT ADD Y - ST - Z E ME | DRESS DRESS | | | Change Adi | dition |
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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 617, 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 OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.5.96

(954)5683838