

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000007252 (7)

1. Corporation Name

JM FINANCIAL GROUP, INC.



Principal Place of Business

1007 N FEDERAL HWY  
SUITE 125  
FT LAUDERDALE FL 33304

Mailing Address

1007 N FEDERAL HWY  
SUITE 125  
FT LAUDERDALE FL 33304-1425

3. Date Incorporated or Qualified 01/20/1994	3a. Date of Last Report 08/08/1996
4. FEI Number 65-0512323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 1007 N. Federal Hwy	26. 1007 N. Federal Hwy
22. Suite, Apt. #, etc. *125	27. Suite, Apt. #, etc. *125
23. City & State Ft. Lauderdale	28. City & State Ft. Lauderdale
24. Zip 33304	29. Zip 33304
25. Country USA	30. Country USA

9. Name and Address of Current Registered Agent

FANIZZI, MARY  
1007 N FEDERAL HWY  
SUITE 125  
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2. NAME		
STREET ADDRESS	3. STREET ADDRESS		
CITY - ST - ZIP	4. CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	5. TITLE		
NAME	6. NAME		
STREET ADDRESS	7. STREET ADDRESS		
CITY - ST - ZIP	8. CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	9. TITLE		
NAME	10. NAME		
STREET ADDRESS	11. STREET ADDRESS		
CITY - ST - ZIP	12. CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	13. TITLE		
NAME	14. NAME		
STREET ADDRESS	15. STREET ADDRESS		
CITY - ST - ZIP	16. CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	17. TITLE		
NAME	18. NAME		
STREET ADDRESS	19. STREET ADDRESS		
CITY - ST - ZIP	20. CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

994-568-3838

Daytime Phone #

0260441

CR2E034 (9/96)