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| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|--|------------------|---|-------------|
| DOCUMENT # P94000007252 | | FILED CLERK OF STATE DIVISION OF CORPORATIONS 99 AUG 13 PM 1:38 | |
| 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 | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business | | 3. Date Incorporated or Qualified 01/20/1994 | |
| 21. Suite, Apt. #, etc. | 22. City & State | 23. Zip | 24. Country |
| 25. Suite, Apt. #, etc. | 26. City & State | 27. Zip | 28. Country |
| 29. Name and Address of Current Registered Agent FANIZZI, MARY 1007 N FEDERAL HWY SUITE 125 FT LAUDERDALE FL 33304 | | 30. Name and Address of New Registered Agent | |
| 31. Name | | 32. Street Address (P.O. Box Number is Not Acceptable) | |
| 33. City | | 34. State | |
| 35. Zip Code | | 36. Country | |
| 11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 see if applicable (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 12.1 TITLE VP | | 13.1 TITLE Change Addition | |
| 12.2 NAME FANIZZI, MARY | | 13.2 NAME Change Addition | |
| 12.3 STREET ADDRESS 1007 N. FEDERAL HWY # 25 | | 13.3 STREET ADDRESS Change Addition | |
| 12.4 CITY-STATE-ZIP FT LAUDERDALE FL 33304 | | 13.4 CITY-STATE-ZIP Change Addition | |
| 12.5 TITLE P | | 13.5 TITLE Change Addition | |
| 12.6 NAME WHIDON, GENE A. JR. | | 13.6 NAME Change Addition | |
| 12.7 STREET ADDRESS 1827 SE 9TH STREET | | 13.7 STREET ADDRESS Change Addition | |
| 12.8 CITY-STATE-ZIP FT. LAUDERDALE FL 33316 | | 13.8 CITY-STATE-ZIP Change Addition | |
| 12.9 TITLE DELETED | | 13.9 TITLE Change Addition | |
| 12.10 NAME DELETED | | 13.10 NAME Change Addition | |
| 12.11 STREET ADDRESS DELETED | | 13.11 STREET ADDRESS Change Addition | |
| 12.12 CITY-STATE-ZIP DELETED | | 13.12 CITY-STATE-ZIP Change Addition | |
| 12.13 TITLE DELETED | | 13.13 TITLE Change Addition | |
| 12.14 NAME DELETED | | 13.14 NAME Change Addition | |
| 12.15 STREET ADDRESS DELETED | | 13.15 STREET ADDRESS Change Addition | |
| 12.16 CITY-STATE-ZIP DELETED | | 13.16 CITY-STATE-ZIP Change Addition | |
| 12.17 TITLE DELETED | | 13.17 TITLE Change Addition | |
| 12.18 NAME DELETED | | 13.18 NAME Change Addition | |
| 12.19 STREET ADDRESS DELETED | | 13.19 STREET ADDRESS Change Addition | |
| 12.20 CITY-STATE-ZIP DELETED | | 13.20 CITY-STATE-ZIP Change Addition | |
| 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. | | | |
| SIGNATURE: <i>[Signature]</i> | | Date: 7/28/99 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

CR2E034 (5/99)

Mary D. Fanizzi
5 Oneida Lane
Sea Ranch Lakes, Florida 33308
Tel: (954) 942-2204

Mr. Sean Toner
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, Florida 32302

Dear Mr. Toner,

Per my discussion with one of your associates, we are once again requesting that your office waive the late fees regarding the annual filings for our five separate corporations.

Enclosed are the letters we received from your offices regarding the late fees for the five different corporations we have. As I had explained in an earlier letter to your office, I had sent (regular mail) a separate check for each corporation to you in one envelope on April 19, 1999. Subsequent to this date we had been out of town and upon returning home we noticed that a second notice had been sent to us on the enclosed corporations. I then called the Division of Corporations and spoke to Tyrone and he had informed me that your office had never received my payments on the enclosed corporations. I then immediately called my bank and they had informed me that the five checks had never cleared. Apparently, my payments must have been lost in the mail and therefore, I am requesting that you waive the late fees and accept my payments for the various enclosed corporations.

I would like to thank you in advance for your cooperation in this matter.

Sincerely,

Mary Fanizzi

A handwritten signature in cursive script, appearing to read "Mary Fanizzi", is written over the printed name. The signature is fluid and stylized, with a large initial "M" and a long, sweeping underline.