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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032772 (3)

ESSEX FINANCIAL CORPORATION

Principal Place of Business Mailing Address 12730 NEW BRITTANY BLVD. STE. 400 12730 NEW BRITTANY BLVD, STE, 400 FORT MYERS FL 33907 FORT MYERS FL 33907-3646 3. Date Incorporated or Quálified 3a. Date of Last Report 04/29/1994 08/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0489277 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 6. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes ☐ Yes ☑ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SYGMAN, FORREST-ESQ. 328 MINURCA AVENUE CORAL GABLES FL 33134 83 84 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. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. B. Oskins, Proside SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ΡĎ OELETE Addition 10.6 1.1 TITLE Change Change OSKING, ERICB 12930 New Britans Blad STE 400 OSKING, ERIC B NAME 1.2 NAME C/O-328 MINOROA-AVENUE STREET ADDRESS 1.3 STREET ADDRESS Ft. Myers, FL 33907 CORAL-GABLES FL CITY-S1-7IP 1.4 CITY-ST-ZIP DELETE THEF 2.1 TITLE Change Addition 22 NAME STREET ADDRESS 23 STREET ADDRESS DITY-\$1-2P 2.4 CITY-ST-ZIP DELETE THE 31 TITLE Change Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIE 3.4. CITY - ST- ZIP DELETE TOLL 4.1 TITLE ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

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 grector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name

Erla B. Oskins, Preside 4/27/97 (541)275-4092

14. Loo 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

an attachment with an address