

ANNUAL REPORT DUE ON OR BEFORE 12/31/99: \$300 (IF VOLUNTARILY, MINIMUM REPORT DUE TO REINSTATE: \$100)

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P94000035822 ✓

1. Corporation Name

A + FINANCIAL GROUP, INC.

Principal Place of Business

6714 LONE OAK BLVD.
NAPLES FL 34109

Mailing Address

6714 LONE OAK BLVD.
NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1994

4. FEI Number

65-0507495

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

INDIANER, GARY
6714 LANE OAK BLVD
NAPLES FL 34109

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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

1.1 TITLE ☐ DELETE

NAME
INDIANER, GARY B
STREET ADDRESS
6714 LONE OAK BLVD.
CITY-ST-ZIP
NAPLES FL 34109

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

1.7 TITLE ☐ DELETE

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CITY-ST-ZIP

1.8 TITLE ☐ DELETE

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CITY-ST-ZIP

1.9 TITLE ☐ DELETE

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STREET ADDRESS
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1.10 TITLE ☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

1.11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.12 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.13 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.14 TITLE ☐ DELETE

NAME
STREET ADDRESS
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.

SIGNATURE:

Gary B Indianer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/99

Date

941-592-7587

Daytime Phone #

CR2E034 (5/99)

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90007 011 ***550.00