FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P94000037379 (2)

1. Corporation Name
FIDUCIARY FINANCIAL GROUP, INC.

Principal Place of Business
2829 E COMMERCIAL BOULEVARD
SUITE 500
FT. LAUDERDALE FL 33308

Mailing Address
2829 E COMMERCIAL BOULEVARD
SUITE 500
FT. LAUDERDALE FL 33308

2. Principal Place of Business
21 3020 NW 33rd AV
Suite, ~~Apt. #, etc.~~
22 100
City & State
23 Ft. Lauderdale, FL
Zip 24 33311 Country 25 USA

2a. Mailing Address
26 3020 NW 33rd AV
Suite, ~~Apt #, etc.~~
27 100
City & State
28 Ft. Lauderdale, FL
Zip 29 33311 Country 30 USA

3. Date Incorporated or Qualified **05/18/1994**
3a. Date of Last Report **09/29/1995**
4. FEI Number **65-0490904** Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BEATTY, SUSAN
2929 E COMMERCIAL BOULEVARD
SUITE 500
FT. LAUDERDALE FL 33308

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3020 NW 33rd AV
83 Suite 100
84 City Ft. Lauderdale **FL** 85 Zip Code 33311

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 Susan Beatty
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
3/8/96
DATE

12.	OFFICERS AND DIRECTORS	
TITLE	**D**	☐ DELETE
NAME	**SLAUGHTER, BRENDA G**	
STREET ADDRESS	**3995 SW 15TH STREET APT B-107**	
CITY-ST-ZIP	**POMPANO BEACH FL 33069**	
TITLE	**D**	☐ DELETE
NAME	**SCISCENT, VERDI**	
STREET ADDRESS	**4100 GALT OCEAN DRIVE, #210**	
CITY-ST-ZIP	**FT. LAUDERDALE FL 33308**	
TITLE	**D**	☐ DELETE
NAME	**JODOIN, FRANK A**	
STREET ADDRESS	**1513 SW 5TH STREET**	
CITY-ST-ZIP	**FT. LAUDERDALE FL 33312**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3445 Pinewalk Dr. N. Apt 109	
1.4 CITY-ST-ZIP	Margate, FL 33063	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Frank Jod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/8/96 (954) 938-9999
Date Daytime Phone #

CR2E034 (12/95)