

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051354 (6)

1. Corporation Name

J.L. FINANCIAL GROUP, INC.

Principal Place of Business

**239 WEST RIVERSIDE DR.
JUPITER FL 33469**

Mailing Address

**239 WEST RIVERSIDE DR.
JUPITER FL 33469**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0508832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HOWARD, JOHN
239 WEST RIVERSIDE DR.
JUPITER FL 33469**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8), 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 607.06(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOWARD, JOHN
STREET ADDRESS	239 WEST RIVERSIDE DR.
CITY, ST., ZIP	JUPITER FL 33469
TITLE	D
NAME	HOWARD, LINA
STREET ADDRESS	239 WEST RIVERSIDE DR.
CITY, ST., ZIP	JUPITER FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	☐ Change ☐ Addition
11.2 NAME	
11.3 STREET ADDRESS	
11.4 CITY, ST., ZIP	
12.1 TITLE	☐ Change ☐ Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST., ZIP	
13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
14.1 TITLE	☐ Change ☐ Addition
14.2 NAME	
14.3 STREET ADDRESS	
14.4 CITY, ST., ZIP	
15.1 TITLE	☐ Change ☐ Addition
15.2 NAME	
15.3 STREET ADDRESS	
15.4 CITY, ST., ZIP	
16.1 TITLE	☐ Change ☐ Addition
16.2 NAME	
16.3 STREET ADDRESS	
16.4 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 119.03(2)(b), 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. I am an officer or director of the corporation or the manager 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:

John M. Howard

LINA M. HOWARD

4-28-95 (407) 713-511

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR