

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 # P94000051354 (6)

1. Corporation Name

J.L. FINANCIAL GROUP, INC.



Principal Place of Business

Mailing Address

239 WEST RIVERSIDE DR.
JUPITER FL 33469

239 WEST RIVERSIDE DR.
JUPITER FL 33469

2. Principal Place of Business

2a. Mailing Address

21 1316 Whispering Ln,
Suite, Apt. #, etc.

2b 1316 Whispering Ln.
Suite, Apt. #, etc.

22 City & State
23 Venice, FL

27 City & State
28 Venice, FL

24 Zip 34292 25 Country Sarasota

29 Zip 34292 30 Country Sarasota

9. Name and Address of Current Registered Agent

HOWARD, JOHN
239 WEST RIVERSIDE DR.
JUPITER FL 33469

3. Date Incorporated or Qualified
07/12/1994

3a. Date of Last Report
05/01/1995

4. FET Number

65-0508832

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

10. Name and Address of New Registered Agent

81 Name

John Howard

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

1316 Whispering Ln

83

84 City

Venice

FL

85 Zip Code 34292

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's signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Howard, John ☒ Change ☐ Addition
1.3 STREET ADDRESS 1316 Whispering Ln
1.4 CITY-ST-ZIP Venice, FL 34292

2.1 TITLE VP
2.2 NAME Howard, Lina ☒ Change ☐ Addition
2.3 STREET ADDRESS 1316 Whispering Ln
2.4 CITY-ST-ZIP Venice, FL 34292

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

941-484-4892

Date

Daytime Phone

CR2E034 (12/95)