FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071033 (2)

ARMST	RONG FINANCIAL GROUP	P, INC.			######################################
Principal Plac	e of Businoss	Mailing Address		T TOURING THE SUIT DIGIT GOLD GOLD GOLD GOLD	NATA KANTAN TITOKS BARADA TINDA TITO KANT
2901 CURRY FORD RD STE 206 ORLANDO FL 32806 US		2901 CURRY FORD RD STE 206 ORLANDO FL 32806 US		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				09/27/1994	
2. Principal P	Place of Business	2s. Mailing Address		4. FEI Number	Applied For
21		26		59-3267208	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	7 \$8.75 Additional
22		27		B. Commode of States Section	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution L	Added to Fees
Ĺ Z ^{ip}	Country	Zip	Country	8. This corporation owes or has paid t	
24	25	29	30	Personal Property Tax due June 30	
	9. Name and Address of Curr	sur vediareten vitetir	81 Name	10. Name and Address of New Regis	tered Agent
	MSTRONG, MIKE		l Maine		
	15 WILKINSON ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
) OH	LANDO FL 32803		83		
			63		
			84 City		85 Zip Code
	40-007.00	00 4007 4500 51 14 004			FL 8 2 P Code
11. Pursuant office or r agent I a	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida Such change was a gations of Section 607.0505, Florida	es, the above-hamed con authorized by the corpora orida Statutes.	rporation submits this statement for the purp ation's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	0.00	E: Registered Agent signature regi	of and of the angle of the av	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	ARMSTRONG, MIKE		1.2 NAME		
STREET ADDRESS	1015 WILKINSON ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP		
TITLE	<u> </u>	DELETE	21 TITLE		Change Addition
NAME		<u></u>	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS	.,,		4.3 STREET ADDRESS		
CITY-ST-ZIP	,		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	[6.2 NAME		
STREET ADDRESS		•	6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 armual 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 of 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, of on an attachment with an address.

SIGNATURE:

4-19-98

FILED

Apr 28 1998 8:00am

Secretary of State