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

PROFIT



	RPORATION UAL REPORT 1996	Sandra Secret	RIMENT OF STATE B. Mortham ary of State CORPORATIONS			
DOCU 1. Corporation	MENT # P9400	0090837 (3)			
' '	INGTON FINANCIAL GROU	P. INC.	•			
				I (AP)/API (VA FAVI) DIPVI APIV) AR		
Principa! Place	e of Business	Mailing Address				
515 N. FLAGLER DR 300 P WEST PALM BEACH FL 33401		515 N. FLAGLER DR 300 P WEST PALM BEACH FL 33401				
				 Date Incorporated or Qualified 12/15/1994 	3a. Da	ate of Last Report 05/01/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 04-3261578		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	[3]	Not Applicable \$8.75 Additional
City & Stat	e	City & State		6. Election Campaign Financing		Fee Required
23		28		Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	r intangible s:[]No	tax under s. 199.032,
ļ	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New	Registered	d Agent
WOLFE	, LARRY					
200 -A	JOHN KNOX RD		<u> </u>	Address (P.O. Box Number is Not Accepta	ble)	
IALLAF	IASSEE FL 32303-6643		83			
			84 City		FI	85 Zip Code
SIGNATURE .	to the provisions of Sections 607,0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti Synature, byed or printed name of registered agent.		s, the above named cord by the corporation's before the corporation of	rporation submits this statement for the pupper of directors. I hereby accept the app	irpose of cloointment a	hanging its registered office is registered agent. I am
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		D D:RECTORS IN 12
TITLE NAME	WHITNEY, PAUL	∑ J DELETE	1 1 1111.15	D		Change X Addition
STREET ADDRESS	124 N MAIN ST		1.2 NAME 1.3 STREET ADDRESS	Lockwood, Thomas 8 Cedar Knoll Drive		
CITY-ST-ZIP	S DEERFIELD MA 01373		1.4 CHY+ST-ZiP		01030	
TITLE	D Whitney, Phyllis P	☆ DELETE	2 1 TiTuE			Change Addition
NAME STREET ADDRESS	124 N MAIN ST		2.2 NAME			
CITY-ST-ZIP	S DEERFIELD MA 01373		2.3 STREET ADDRESS - 2.4 City- St-Zip			
TITLE		☐ DELETE	3. 1 TITLE			Change Addition
NAME STREET ADDRESS			3 2 NAME			
CHY-SI-ZiP			3.3 STREET ADDRESS 3.4 CHTY- ST- ZIP			
TIFLE		☐ DELETÉ	4 1 107LF			Change Addit-on
NAME.			4.2 NAME		'	
STREET ADDRESS			4.3 STREET ADDRESS			
OTY-S1-7IP TITLE		☐ DFLETE	4 4 CHY-ST-ZIP			
NAME			5 1 TILLE 5 2 NAME			Change 🗀 Addition
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-SF-ZIP			
TITLE		☐ DELETE	6 1 TITLE			Change Addition
NAME STREET ADDRESS			6 2 NAME			
			6.3 STREET ADDRESS			

64 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:

TARREST SIGNING OFFICER OF DIRECTOR

3/16/94 800 585 4516