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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400090907

1. Corporation Name

FIRST M	1ANHATTAN FINANCIAL G	ROUP INC.								
Principal Place	e of Business	Mailing Addres	s		· · · · · · · · · · · · · · · · · · ·		i (BBI(FBB) tid idili dibil dalib d	8131 <b>88</b> 311 <b>88</b> 118 ()		0E))(
2000 W COMMERCIAL BLVD SUITE 218 FORT LAUDERDALE FL 33309 2000 W COMMERCIAL BLVD SI FORT LAUDERDALE FL 33309						.	DO NOT WR	ITE IN THIS :	SPACE	
						<u> </u>	3. Date Incorporated or Qualifed			
	•					ţ	12/14/1994			}
2. Principal P	Place of Business	2a. Mailing Add	ress				4. FEI Number		Ap	plied For
21		26					65-0541115		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	#, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	te		e	نة د	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		<del>~</del> \$5.00	May Be
23	·	28					Trust Fund Contribution	u	Added	to Fees
Zip	Country	Zip		Country	′	1	8. This corporation owes the cur	rent year Inta		
24	25	29	3(	0			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent		81	Name		10. Name and Address of New	Registered A	gent	
·	., NIMROY L			01	Name					
	5 NW 74TH TERRACE			82	Street A	Address	(P.O. Box Number is Not Accept	able)		
	DERHILL FL 33319			83	<u> </u>					
D.O.	DETWINE TE GOOTS			63	ļ					
				84	' '			FL		Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Stat am familiar with, and accept the oblig	le of Florida Such cha	nge was auti	horized by	tne como	corpora ration's	tion submits this statement for the board of directors. I hereby acce	pt the appoin	manging its tment as re	gistered
•		•		a Oldidics						
SIGNATURE								DATE		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.		egistered Ager	nt signature red	quired wh		DATE FICERS ANI	DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS /	gent and title if applicable. AND DIRECTORS		egistered Ager		quired wh	on reinstating)  ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP