


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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90064 039 \*\*\*150.00

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|                                             |                                                                                   |                                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # P94000092478

1. Corporation Name  
FINANCIAL RESOURCES GROUP, INC.

|                                                                                                      |                                                                                          |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business<br>2020 CLUBHOUSE DRIVE<br>PO BOX 5698<br>SUN CITY CENTER FL 33573<br>US | Mailing Address<br>2020 CLUBHOUSE DRIVE<br>PO BOX 5698<br>SUN CITY CENTER FL 33573<br>US |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                      |                                |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>12/22/1994                                                                                      | 4. FEI Number<br>59-3279648    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                            | \$8.75 Additional Fee Required |                                                        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                   | \$5.00 May Be Added to Fees    |                                                        |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                                                        |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

FLINN, MILTON G  
2020 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

|                                                                                   |                                                                 |                      |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------|
| 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City | VIVIEN HASTINGS<br>24301 WALDEN CENTER DR.<br>BONITA SPRINGS FL | 85 Zip Code<br>34134 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------|

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 VIVIEN HASTINGS Vivien Hastings 1-19-99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | CD <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOFFMAN, ALFRED JR                 | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2020 CLUBHOUSE DR                  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | SUN CITY CENTER FL                 | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | V <input type="checkbox"/> DELETE  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FLINN, MILTON G                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2020 CLUBHOUSE DR                  | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | SUN CITY CENTER FL                 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ACKERMAN, DON E.                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 39 LOCUST AVE                      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | NEW CANAAN CT                      | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PETER, LESLIE E.                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 510 VONDERBURG DR STE 3000         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | BRANDON FL                         | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)