SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000001172 (2)

1. Corporation Name
FLAGLER FINANCIAL, INC.

Principal Place of Business	Mailing Address
784 US HWY ONE SUITE 14 NORTH PALM BEACH FL 33408 4014 Willow Run Palm Beach	784 US HWY ONE SUITE 14 NORTH PALM BEACH FL 33408

2. Principal Place of Business 21 4014 Willow Run Suite, Apt #, etc 22 Palm Beach Gardens, FL City & State 23 Zip 24 33418 Country 25 USA	2a. Mailing Address 26 PO Box 30967 Suite, Apt #, etc 27 City & State 28 Palm Beach Gardens, FL Zip 29 33420 Country 30 US

3. Date Incorporated or Qualified: 01/05/1995
3a. Date of Last Report:
4. FEI Number: 65-0387964 ☐ 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

9. Name and Address of Current Registered Agent

HAWKINS, HALLIE G ESQ
1615 FORUM PL SUITE 200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: William Hawkins
82 Street Address (P.O. Box Number is Not Acceptable): 4014 Willow Run
83 Palm Beach Gardens
84 City: FL 85 Zip Code: 33418

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: X William O. Hawkins
Signature, type or print name of registered agent and, if applicable, the official capacity. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKINS, WILLIAM D 784 US HWY ONE SUITE 14 NORTH PALM BEACH FL 33408	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition Hawkins, William D 4014 Willow Run Palm Beach Gardens, FL 33418
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 300001904603 -07/25/96--01072--036 ***225.00

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W R H
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William O. Hawkins President
561-624-9040
Daytime Phone # 08/1/96