

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
**4014 WILLOW RUN  
PALM BEACH GARDENS FL 33418**

Mailing Address  
**P.O. BOX 30967  
PALM BEACH GARDENS FL 33420-0967**

3. Date Incorporated or Qualified  
**01/05/1995**

3a. Date of Last Report  
**07/25/1996**

2. Principal Place of Business 21 <b>4014 WILLOW RUN</b> Suite, Apt. #, etc. 22 City & State 23 <b>PALM BEACH GARDENS, FL.</b> Zip 24 <b>33418</b>	2a. Mailing Address 26 <b>Box 30967</b> Suite, Apt. #, etc. 27 City & State 28 <b>PALM BEACH GARDENS FL.</b> Zip 29 <b>33420</b> Country 30 <b>P.B.</b>	4. FEI Number <b>65-0387964</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**HAWKINS, WILLIAM  
4014 WILLOW RUN  
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name **HALLIE G. HAWKINS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4014 WILLOW RUN**  
83  
84 **PALM BEACH GARDENS 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 in, Section 607.0505, Florida Statutes.

SIGNATURE

*Hallie G. Hawkins*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAWKINS, WILLIAM D</b>	
STREET ADDRESS	<b>4014 WILLOW RUN</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HALLIE G. HAWKINS</b>	
1.3 STREET ADDRESS	<b>4014 WILLOW RUN</b>	
1.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE

*Hallie G. Hawkins*

*William D. Hawkins*

CR2E034 (9/96)