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 # P95000056305 (2)

1. Corporation Name

PAUL & PARTNERS FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
C/O TURNER 18501 CROSSWIND AVENUE NORTH FT. MYERS FL 33917	C/O TURNER 18501 CROSSWIND AVENUE NORTH FT. MYERS FL 33917

2. Principal Place of Business	2a. Mailing Address
21 8695 COLLEGE PKWY	26 8695 COLLEGE PKWY
Suite, Apt #, etc 22 325	Suite, Apt #, etc 27 325
City & State 23 FORT MYERS FL	City & State 28 FORT MYERS FL
Zip 24 33919 Country 25 USA	Zip 29 33919 Country 30 USA

3. Date Incorporated or Qualified: 07/19/1995
3a. Date of Last Report:

4. FEI Number: 65-0598743 ☐ 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**

NICKEL, GUDRUN M P.A.
350 FIFTH AVENUE SOUTH #200
NAPLES FL 33940

10. **Name and Address of New Registered Agent**

81 Name: KIRSTEN B. PAUL
82 Street Address (P.O. Box Number is Not Acceptable): 8695 COLLEGE PARKWAY
83 SUITE 325
84 City: FORT MYERS FL 85 Zip Code: 33919

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 [signature] DATE 6/18/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. **OFFICERS AND DIRECTORS**

TITLE	PST	☒ DELETE
NAME	PAUL, KIRSTEN B	
STREET ADDRESS	C/O TURNER	
CITY-ST-ZIP	NORTH FT. MYERS FL 33917	
TITLE	PRESIDENT / SECRETARY	☐ DELETE
NAME	PAUL, KIRSTEN B	
STREET ADDRESS	8695 COLLEGE PARKWAY #325	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	TREASURER / VICE PRESIDENT	☐ DELETE
NAME	GURLEY, MARK L.	
STREET ADDRESS	8080-2 SOUTH WOODS CIRC	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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: [signature] 6/18/96 941 481 8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0169363 FP