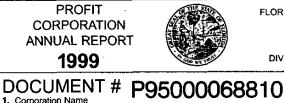
PROFIT CORPORATION ANNUAL REPORT 1999

D & E FINANCIAL GROUP, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90070 024 ***150.00

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85

Zip Code

Principal Place of Business	Mailing Address		1 (EB)(SE) in sens sitt sellt seit sent sent stat inter inner sent set.			
7744 PETERS RD 7744 PETERS RD #230 PLANTATION FL 33324 PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 09/01/1995				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26	1	<u>65-0605406</u>	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Cou	ntry	This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registere	d Agent		
ENRIQUEZ, STEPHEN C 2198 NW 126 AVE PEMBROKE PINES FL 33028		81 Name 82 Street Address	s (P.O. Box Number is Not Acceptable)			
		83				

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

City 84

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12				
TITLE	D	DELETE	1.1 TITLE		Change	☐ Addition I				
NAME (ENRIQUEZ, STEPHEN		1.2 NAME							
STREET ADDRESS	2198 NW 126TH AVE		1.3 STREET ADDRESS			}				
CITY-ST-ZIP	PEMBROKE PINES FL 33028		1.4 CITY-ST-ZIP							
TITLE	PXTS	DELETE	2.1 TITLÉ	PTS D	Change	☐ Addition				
NAME	DANIELLI, JOSEPH		2.2 NAME	Danieli Joseph 7744 Peters Rd # 230						
STREET ADDRESS	7744 PETERS RD #230		2.3 STREET ADDRESS			ļ				
CITY-ST-ZIP	PLANTATION FL 33324	• .	2. 4 CITY-ST-ZIP	Platotion PZ 33324	* •					
TITLE	X	DELETE	3.1 TITLE	V D	Change	Addition				
NAME	Daniel		3.2 NAME	Danieli, Tamara Bales Ed # 230						
STREET ADDRESS			3.3 STREET ADDRESS	4144 leston 10-1						
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Plantation, FL 33324						
TITLE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DELETE	4.1 TITLE		Change	Addition				
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS			}				
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE .	•	DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME	•		}				
STREET ADDRESS	f ,		5.3 STREET ADDRESS		•					
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition }				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP	notify that the information appolied with this filing door		6.4 CITY-ST-ZIP			<u> </u>				

indicated on this annual report or supplied with ansuling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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.