

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000083056 (8)

1. Corporation Name

FOREMOST FINANCIAL GROUP, INC.



Principal Place of Business

**10334 LEXINGTON CIRCLE S
BOYNTON BEACH FL 33436**

Mailing Address

**10334 LEXINGTON CIRCLE S
BOYNTON BEACH FL 33436**

2. Principal Place of Business

2a. Mailing Address

21 **2263 NW 2nd AVE**

26 **2263 NW 2nd AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 103**

27 **SUITE 103**

City & State

City & State

23 **BOCA RATON, FL**

28 **BOCA RATON, FL**

Zip

Zip

24 **33431**

29 **33431**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

4. FEI Number

65-0616232

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

10. Name and Address of New Registered Agent

**GERKE, GARY
10334 LEXINGTON CIRCLE S
BOYNTON BEACH FL 33436**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

G. Gerke **G. GERKE**

Signature, typed or printed name of registered agent, if not applicable

(If not, Registered Agent signature required when resubmitting)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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. TITLE	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☒ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☒ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

**PRESIDENT
MARILYN DOOME GERKE
10334 LEXINGTON CIRCLE SOUTH
BOYNTON BEACH, FL 33436**

**VICE-PRESIDENT
GARY GERKE
SAME**

**SECRETARY
GARY GERKE
SAME**

**TREASURER
GARY GERKE
SAME**

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 in an attachment with an address.

SIGNATURE:

G. Gerke **G. GERKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRESIDENT

4/15/96 407-750-7611

Date

Telephone

CR2E034 (12/95)