

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091140 (0)

1. Corporation Name
KNIGHT FINANCIAL CORP.



Principal Place of Business 2808 TARFLOWER WAY NAPLES FL 33942	Mailing Address 2808 TARFLOWER WAY NAPLES FL 34105-3028
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1995		3a. Date of Last Report 04/30/1996	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 65-0628322		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANLEY, C. ROBERT 2808 TARFLOWER WAY NAPLES FL 33942				81 Name Carl E. Westman			
				82 Street Address (P.O. Box Number is Not Acceptable) 850 Park Shore Drive			
				83			
				84 City Naples			
				85 Zip Code FL 34103			

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: Carl E. Westman, **CARLE E. WESTMAN** DATE: **4/8/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANLEY, C. ROBERT		1.2 NAME Carl E. Westman	
STREET ADDRESS 2808 TARFLOWER WAY		1.3 STREET ADDRESS 850 Park Shore Drive	
CITY-ST-ZIP NAPLES FL 33942		1.4 CITY-ST-ZIP Naples, FL 34103	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HABER, MARVIN S		2.2 NAME	
STREET ADDRESS 2310 TWIN VALLEY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP SILVER SPRING MD 20906		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Carl E. Westman, **CARLE E. WESTMAN** DATE: **4/8/97** DAYTIME PHONE: **941-649-6200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)