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

99 AR

PROFIT CORPORATION ANNUAL REPORT 1999

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

99 MAY -4 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # P96000016214 (4)

1. Corporation Name

TOTAL FINANCIAL GROUP, INC.

Principal Place of Business
8951 WELLESLEY PARK DRIVE
#203
BOCA RATON FL 33433

Mailing Address
8951 WELLESLEY PARK DRIVE
#203
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1996

4. FEI Number: 65-0735683 — 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

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOGDANOFF, ROBERT J ESQ
70 S.E. 4TH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURNS, GLENN A	1.2 NAME	400002874584--8
STREET ADDRESS	8951 WELLESLEY PARK DRIVE, #203	1.3 STREET ADDRESS	-05/13/99--01103--025
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ 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		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	JB 5-10-99
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E030 (10/97)

14. I 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, with all other like empowered.

SIGNATURE: GC B — 4/26/99 — (561) 417-0234

Signature and Typed or Printed Name of Signing Officer or Director — Daytime Phone #