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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1991	THE STATE OF THE S		17110110		
DOCU	MENT # P9600	00052126	(5)			
	IANCIAL GROUP, INC.		` '		. (68)/801 (10 (8)/6 8)/4 BB// BD// BD// BD//	
Drive oal blace	on of Physicana	Mailing Address				
Frincipal Place of Business Mailing Address 9113 PARAGON WAY P113 PARAGON WAY						
	ACH FL 33437		CH FL 33437-5138			
					Date Incorporated or Qualified	3a. Date of Last Report
					06/17/1996	Sa. Date of East Nepoli
Principal Place of Business 2a, Mailing Address			Iress		4. FEI Number	Applied For
26					65-0672347	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #	t, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 City & Stat	le	City & State		·····	6 Flaction Compaign Financing	\$5.00 May Be
3		28			Election Campaign Financing Trust Fund Contribution	Added to Fees
	Country	Zip	Co	ountry	8. This corporation has liability for	intangible tax under s. 199.032,
4	25	29	30	·		Yes No
······································	g. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New Re	egistered Agent
	HNER, ROBERT H			140,110		
	13 PARAGON WAY YNTON BEACH FL 33437			82 Street	Address (P.O. Box Number is Not Acceptal	ole)
Ю	INTON DEACH FL 33437			83		
				84 City		FL 85 Zip Code
agent. La SIGNATURE	am familiar with and accept the of				corporation submits this statement for the poration's board of directors. I hereby acce	DATE
12.		AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICE	
IIItE	D		DELETE 1.1	TITLE		☐ Change ☐ Addition
NAMÉ	ROBERT, RAPHAEL			NAME		
STREET ADORESS	POST OFFICE BOX 478-10	007, CENTRO COLO'I	1.3	STREET ADDRESS	1	
OTY-ST-7iF	SAN JOSE' COSTA RICA	·		CITY - ST - ZIP		
ITLE	DODEOT MANDIONE	L.,] 1		TITLE	l.	Change Addition
NAME STREET ADDRESS	ROBERT, MANRIQUE POST OFFICE BOX 478-10	YOT CENTRO COLOU		NAME STOCES ASSOCIO		
STREET AUROUSS , DAY+ST-70F	SAN JOSE' COSTA RICA	or, outillo oolo i	•	STREET ADORESS CITY-ST-ZIP		
TITLE	D			TITLE		Change Addition
NAME	ZEHNER, ROBERT H		1	NAME		
STREET ADDRESS	9113 PARAGON WAY		3.3	STREET ADDRESS		
CITY - S1-ZIP	BOYNTON BEACH FL 334	37	34	CITY-ST-ZIP		
TIME		ī 🗍	Bi .	TITLE	D	☐ Change ☐ Addition
NAMÉ	}		•	NAME	DAVID YOCKEY 4446 CARVERT ST	
STREET ADDRESS				STREET ADDRESS	LAKE WORTH FL 334	//-/-
CHY+ST-ZIP TOLE				CITY-ST-ZIP TITLE	LAKE WORTH FL 3540	Change Addition
NAME		البا		NAME		E searche E vontrou
nant Streft address				STREET ADDRESS		
STREET AUGUSTUSS COTY - ST - ZIP				CITY-ST-ZIP		
TIFLE				TITLE		Change Addition
					:	
NAME			6.2	NAME		

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 paged, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-369-4457

FILED

Apr 04 1997 8:00am

Secretary of State

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