

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000086143 (0)**
1. Corporation Name
C M A S FINANCIAL GROUP, INC.

Principal Place of Business 5800 TOWN BAY DRIVE, SUITE 433 BOCA RATON FL 33486	Mailing Address POST OFFICE BOX 10244 POMPANO BEACH FL 33061
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SBIOA-N. US1 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/17/1996	
22 City & State 23 FL Land. R.		27 City & State		4. FEI Number 65-0702275 Applied For Not Applicable	
24 33308 25 USA		28 Zip Country 29 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MILLER, CHRISTOPHER S. 8230 CLEARY BLVD #2306 PLANTATION FL 33324		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.		81 Name		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)		83	
Signature, typed or printed name of registered agent and filer if applicable		84 City		85 Zip Code	
(NOTE: Registered Agent signature required when reinstating)		86		87	
DATE		88		89	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	MILLER, CHRISTOPHER S	1.2 NAME	
STREET ADDRESS	8230 CLEARY BLVD., #2306	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	
NAME	SIEGLE, ARTHUR D	2.2 NAME	
STREET ADDRESS	5800 TOWN BAY DRIVE, SUITE 433	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33486	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

SIGNATURE

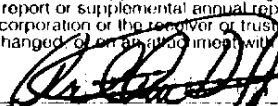
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TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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. On any attachment with an address.

SIGNATURE:  **ARTHUR D. SIEGLE** 4/27/98 9543517020

CR2E034 (10/97)