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

Mailing Address

1505 SOUTH TAMIAMI TRAIL, SUITE 401-A

PROFIT CORPORATION ANNUAL REPORT

1997

1505 SOUTH TAMIAMI TRAIL, SUITE 401-A

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096648 (6)

DESTINY FINANCIAL SERVICES GROUP, INC.

VENICE FL 34292-3547 VENICE FL 34292 3. Date Incorporated or Qualified 3a. Date of Last Report 11/27/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0709770 26 Not Applicable 21 Suite. Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zio Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 City 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) 98/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PTD 11TITLE THEF PESUT, DANIEL \$ 1.2 NAME CR2E034 NAME 1505 SOUTH TAMIAMI TRAIL, SUITE 401-A 1.3 STREET ADDRESS STREET ADDRESS VENICE FL 34292 CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE HOFFMAN, PAUL S 2.2 NAME NAME 1505 SOUTH TAMIAMI TRAIL, SUITE 401-A 2.3 STREET ADDRESS STREET ADDRESS VENICE FL 34292 2 4 CITY-ST-ZIP C TY - ST - ZIF Addition DELETE Change DI: F 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY ST-ZIF DELETE Change Addition THE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CHY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - \$1 - Z(P)

TITLE

SPENDINED

DELETE

Daytime Phone # 0010747

Change

Addition

FILED

May 14 1997 8:00am

Secretary of State