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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096648 (6)

DESTINY FINANCIAL SERVICES GROUP, INC.

Principal Place of Business Mailing Address 1505 SOUTH TAMIAMI TRAIL. SUITE 401-A 1505 SOUTH TAMIAMI TRAIL. SUITE 401-A VENICE FL 34292 VENICE FL 34292 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/27/1996</u> 4. FEL Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0708770 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 City & State City & State \$5.00 May Be 6. Flection Campaion Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) R2 **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 titln if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Change DELETE TITLE **PESUT. DANIEL S** 1.2 NAME NAME 1505 SOUTH TAMIAMI TRAIL, SUITE 401-A 1.3 STREET ADDRESS STREET ADDRESS VENICE FL 34292 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 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 CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME MAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE

14. Thereby 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 suppliemental anytial 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 introduction that it is not a secure of the corporation Block 12 or Block 13 if changed, or or

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-2IP

CITY-ST-ZIP

Change

4-21-48

Addition

FILED

Apr 29 1998 8:00am

Secretary of State