**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90196 020 \*\*\*150.00

## DOCUMENT # P9700062214

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

SJF FIN/	ANCIAL GROUP, INC.											
Principal Place of Business Mailing Address					( \$301)201 (10 1011) 2011 2011 2011 2011 2011					)( <b>.</b> 1) <b>. 5</b>	1011 0101 1001	
2454 MCMULLEN BOOTH RD 2454 MCMULLEN BOOTH RD												
BLDG. D. SUITE 607 BLDG. D. SUITE 607								DO NOT WRITE IN TH	DO NOT WOITE IN THIS SPACE			
CLEARWATER FL 33759 CLEARWATER FL 33759								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
								07/17/1997				
2. Principal P	lace of Business	2a. Maili	2a. Mailing Address				El Number		Apr	olied For		
21		26	26				[ [	59-3458832			Applicable	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional						
22		27								Fee Re	<u> </u>	
City & State			City & State				*6: Election Campaign Financing *5.00 May Be					
23			28				_	Trust Fund Contribution Added to Fees				
Zip	Country	Zip	_	Country				This corporation owes the current year			<b>J</b>	
24	25 29 30			Վ	<del></del>			Personal Property Tax. Yes No				
9. Name and Address of Current Registered Agent					<u> </u>	A1	10.	Name and Address of New Register	ed Agen	<u>.                                    </u>		
FISHMAN, STANLEY J					1	Name						
2454 MCMULLEN BOOTH RD				8:	2	Street Addr	Address (P.O. Box Number is Not Acceptable)					
BLDG. D. SUITE 607				L								
CLEARWATER FL 33759				8	83							
				84	4	City			85	Žip C	ode	
	•					,		F	·L			
office or r	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida: Su	ch change was auth	iorized b	V U	named corp he corporation	oration on's boa	submits this statement for the purpose and of directors. I hereby accept the ap	of chang pointmer	jing its i it as reg	registered jistered	
SIGNATURE		-							-			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					ent	signature require					DO 111 40	
12.				13.	-			DDITIONS/CHANGES TO OFFICERS		Change	RS IN 12 ☐ Addition	
TITLE			1.1 TITLE	i				٠.	,nange			
NAME	110111111111111111111111111111111111111			1.2 NAME								
STREET ADDRESS	Unice / Zerices				1.3 STREET ADDRESS							
CITY-ST-ZIP					1.4 CITY-ST-ZIP					Change	☐ Addition	
TITLE				2.1 TITLE				Ц	nange	[_] Audition		
NAME	NAME ·			2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS									
CITY-ST-ZIP			2.4 CITY	2. 4 CITY-ST-ZIP					<u> </u>			
TITLE		-	□ DELETE - ·	3.1 TITLE	Ē	-			🗆 (	hange	☐ Addition	
NAME				3.2 NAME	=							
STREET ADDRESS				3.3 STRE	ET/	ADDRESS						

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

☐ DELETE

☐ DELETE

☐ DELETE

address, with all other like empowered STAOLEY J. Fis SIGNATURES

Change

☐ Change

Change

☐ Addition

Addition

Addition

CR2E034.(11/98)