

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

FILED

Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000100388 (2)**

1. Corporation Name

**DBM FINANCIAL GROUP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>240 W. PALMETTO PARK RD SUITE 300 BOCA RATON FL 33432</b>	Mailing Address <b>240 W. PALMETTO PARK RD SUITE 300 BOCA RATON FL 33432</b>
---	---

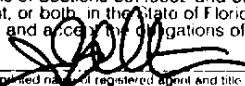
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

3. Date Incorporated or Qualified <b>11/25/1997</b>	4. FEI Number <b>65-0797206</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132</b>
--

10. Name and Address of New Registered Agent 81 Name <b>Jeffrey Bolton</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6107A Boca Pines Trail</b> 83 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33433</b>
--

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  (NOTE: Registered Agent signature required when reinstating) DATE **4-1-98**

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>BOLTON, JEFFREY A</b>
STREET ADDRESS	<b>240 W. PALMETTO PARK RD. SUITE 300</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>DASZKAL, MICHAEL I</b>
STREET ADDRESS	<b>240 W. PALMETTO PARK RD. SUITE 300</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>MANELA, ROBERT A</b>
STREET ADDRESS	<b>240 W. PALMETTO PARK RD. SUITE 300</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>DEVLIN, TIMOTHY R</b>
STREET ADDRESS	<b>240 W. PALMETTO PARK RD. SUITE 300</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 registered agent 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.

SIGNATURE: 

4/1/98 561-36710

CR2E034 (1097)