PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000012175**1. Corporation Name

FINANCIAL MANAGEMENT GROUP, INC.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90019 003 ***158.75



Principal Plac	e of Business	M	ailing Address			· ·			
2627 MCCORMICK DRIVE SUITE 101		262	2627 MCCORMICK DRIVE SUITE 101						
CLEARWATER FL 33759-1041		CL	CLEARWATER FL 33759-1041			DO NOT	MOITE IN TH	IC CDACE	
						3. Date Incorporated or Qual	VRITE IN TH	IS SPACE	
						1	ieu		}
		- 1 -	NA 32 A 44			02/06/1998 4. FEI Number			plied For
2. Principal Place of Business			2a. Mailing Address				21	 	
21		26	26			<u> 59-34907</u>	<u>50</u>		t Applicable
Suite, Apt. #, etc.		\vdash	Suite, Apt. #, etc.			5. Certificate of Status Desire	d 🔼	\$8.75 A Fee Red	I
22		27							
City & State		\vdash	City & State			6. Election Campaign Finance	ing 🖂	\$5.00	
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country Zip		Country		This corporation owes the	current year			
24	25	29	30	L		Personal Property Tax.			□No
	9. Name and Address of Curren	t Regis	stered Agent	-	П	10. Name and Address of N	w Registere	a Agent	
1444.5	200 OARV #			8	Name				1
WARGO, GARY T			82 Street Ad			Address (P.O. Box Number is Not Acc	eptable)		
2627 MCCORMICK DRIVE SUITE 101			ou ou ou				<u> </u>		
CLEARWATER FL 33759-1041				8:	3				
				84	4 City			. 85 Zip C	Code
							F		
11. Pursuant	to the provisions of Sections 607:050	2 and 6	607.1508, Florida Statutes,	the abor	ve-name	corporation submits this statement for coration's board of directors. I hereby a	the purpose	of changing its i	registered
office of i	registered agent, or both, in the State am familia, with, and accept the obliga	tions of	Section 607.0505, Florida	Statute	y une com s/)	Joration's board of directors. Thereby t		, , , , , , , , , , , , , , , , , , ,	,
-	The le Nous	, G	ARY T. WARG		•	DENT 4	125/99		}
SIGNATURE	Signature, typed or printed name of equatored agen	t and title	if applicable. (NOTE: Reg	jisteren Ag	ent signature	required when reinstating)	DATE		
12.	OFFICERS AN	D DIRE		13.		ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TITLE		P-PRESIDENT WARGO, GARY T. 2627 McCORMICK CLEARWATER,		Zehange	☐ Addition
NAME	WARGO, GARY T			1.2 NAME		WARGO, GARY 1.	Man.	e Cons	re /01
STREET ADDRESS	2627 MCCORMICK DRIVE SUIT	E 101		1.3 STRE	ET ADDRESS	2627 McCORMICK	PKI	E) 30/1	
CITY-ST-ZIP	CLEARWATER FL 33759-1041			1.4 CITY-	ST-ZIP	CLEARWATER	FL	<u> 33759-1</u>	1041
TITLE			☐ DELETE	2.1 TITLE		,		Change	☐ Addition
NAME	}			2.2 NAME					ļ
STREET ADDRESS	,]			23 STRE	ET ADDRESS				j
				2. 4 CITY					
CITY-ST-ZIP			☐ DELETE	3.1 TITLE				Change	☐ Addition
TITLE				3.2 NAME					
NAME									
STREET ADDRESS	3				ET ADDRESS				
CITY-ST-ZIP			□ DELETE	3.4. CITY				Change	Addition
TITLE			☐ DELETE	4.1 TITLE				[] Orlange	
NAME				4. 2 NAM					
STREET ADDRESS	6				ET ADDRES	8			ļ
CITY-ST-ZIP				4.4 CITY-	ST-ZIP				Addition
									i saudiiion t
TITLE			☐ DELETE	5.1 TITLE				Change	
TITLE NAME			☐ DELETE	5.2 NAME	:			() Change	
			☐ DELETE	5.2 NAME		<u> </u>		Change	
NAME			☐ DELETE	5.2 NAME 5.3 STRE 5.4 CITY-	: ET ADDRES: ST-ZIP	3			
NAME STREET ADDRESS			□ DELETE	5.2 NAME 5.3 STRE	: ET ADDRES: ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				5.2 NAME 5.3 STRE 5.4 CITY-	ET ADDRES! ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE				5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRES! 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 of the receiver of rustee 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 an attachment with an address, with all other like empowered.

SIGNATURE: