


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90121 007 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000024214</b> 1. Corporation Name <b>FULCRUM FINANCIAL, INC.</b>			
Principal Place of Business <b>2940 SUTOON PLACE</b> <b>PALM CITY FL 34990</b>		Mailing Address <b>2940 SUTOON PLACE</b> <b>PALM CITY FL 34990</b>	
2. Principal Place of Business <b>21 2940 Sutton Place</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>		2a. Mailing Address <b>26 2940 Sutton Place</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>	
3. Date Incorporated or Qualified <b>03/16/1998</b>		4. FEI Number <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AMERILAWYER</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent <b>81 Name Arthur W. Dixon, Jr.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 2940 Sutton Place</b> <b>83</b> <b>84 City Palm City FL 85 Zip Code 34990</b>	
11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes. SIGNATURE <i>Arthur W. Dixon, Jr.</i> DATE <b>5-21-99</b>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, ARTHUR W JR. 2940 SUTOON PLACE PALM CITY FL 34990	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2940 Sutton Place
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MAHAN, BURNETT H 2940 SUTOON PLACE PALM CITY FL 34990	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2940 Sutton Place
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SQUIER, ELIZABETH T 2940 SUTOON PLACE PALM CITY FL 34990	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2940 Sutton Place
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLY, ERIC B 2940 SUTOON PLACE PALM CITY FL 34990	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2940 Sutton Place
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eric B. Holly* **VD**  
 4/29/99 561 288 7075  
 Date Daytime Phone #

CR2E034 (11/98)