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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 26 PM 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045716

1. Corporation Name
HENNESSY FINANCIAL GROUP, INC.

Principal Place of Business
5305 NW 49th Street
Coconut Creek, FL 33073

Mailing Address
(same)

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: 5/18/98

4. FEI Number: 65-0851333 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address

21 | 26
Suite, Apt #, etc. | Suite, Apt #, etc.
22 | 27
City & State | City & State
23 | 28
Zip / Country | Zip / Country
24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

Ann Bomleny
5305 NW 49th Street
Coconut Creek, FL 33073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

000002829570---7
-04/05/99--01126--012
****150.00 ****150.00

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] Ann Bomleny, President 3-2-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	Ann Bomleny		12 NAME	
STREET ADDRESS	5305 NW 33rd St.		13 STREET ADDRESS	
CITY-ST-ZIP	Coconut Creek, FL 33073		14 CITY-ST-ZIP	
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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 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] Ann Bomleny 3-2-99 (954) 418-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)