1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

99 MAR 25 PH 2: 40

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_								-	700

1. Corporatio	NANCIAL GROUP, INC.	100400			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Plac	e of Business	Mailing Address			a padeirada esa polos louis daste dates dates dates desde apide apide desde ades dates date date louis				
	PLE AVE. 10TH FL	P O BOX 49948							
SARASOTA FL	34236	SARASOTA FL 34230-6948			DO NOT WRITE IN THIS SPACE				
2. Principal F 21 Suite, Apt 22 City & Stat 23 Zip 24		[30]	Country		3. Date Incorporated or Qualified 06/22/1998 4. FE1 Number 65-0844659 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Applied For Not Applicable 8. This corporation owes the current year Intangible Personal Property Tax 1. Yes 1. Name and Address of New Registered Agent				
MILL	ER, MICHAEL W		81	Name					
	COMMERCIAL CT, SUITE A		82	Street	Address (P.O. Box Number is Not Acceptable)				
	ICE FL 34292		83						
•			ļ.,						
			84	,	FL 85 Zip Code				
office or i	**				corporation sultmits this statement for the purpose of changing its registered pration's board of directors. It hereby accept the appointment as registered				
12.	ijjedio inted an infregishedday ma OFFICERS AND		ена I Азе 13 .	ประกาศ 14 ก	e peti 1 where testal rigit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D		i Tilite		DP KI Change [Addition				
NAME	BAND, DAVID S	1	2 NAME						
STREET ADDRESS	240 S PINEAPPLE AVE, 10TH FL	. ¶₁	3 STREE	TADORESS					
CITY-ST-ZIP	SARASOTA FL 34236		4 CITY-5	7-76					
TITLE	D	•	1 TITLE		DS Ki Change [] Addition				
NAME	KALIN, EDWARD L	B.	2 NAME						
STREET ADDRESS	5252 S TAMIAMI TRAIL			I ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34231	and the state of t	4 CHY	ST-ZIP	, in the state of				
TITLE	1	1	1 THILE		DVT [Change K Addition				
NAME	}		2 NAME		MILLER, Michael W.				
STREET ADDRESS				LADDRESS	395 Commercial Ct, Suite A				
CITY-ST-ZIP	 	and the control of th	4 CiTY-:	ST ZiP	Venice FL 34292				
TITLE			THE		[] Change [] Abdoon				
NAME CERCE ADDRESS			2 NAME	E ADDOVE DO					
STREET ADDRESS	1	ď		1 ADDRESS					
CITY-ST-ZIP		and the second of the second o	4 CHY-S	i i - ZIF'	[Change [] Addition				
NAME		***	2 NAME		40000028179307 (
STREET ADDRESS	[i i		LADDRESS	-63/25/9901032017 (
CITY-ST-ZIP			4 CITY-5		****150.00 ****150.00				
TITLE	 	a ·	1 THE		[] Change				

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(q). Florida Statutes I further certify that the information indicated on this annual report or supplemental adjust 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 recovery 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 open made intent with an address and prior like empowered.

6.2 NAME

63 STREET ADDRESS

6.4 City - \$1 - 20/

SIGNATURE:

NAME

STREET ADDRESS

ING OFFICER OR DIRECTOR

David S. Band Director

3/24/99 941/366-6660