PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

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

05-10-1999 90113 017 ***150.00

t. Corporation	MENT # P98000 I FINANCIAL GROUP, INC.	072590	_				10111 2011 1011	
Principal Place	o of Business	Mailing Address			1 (BBITS) (32 (33) (34) GBU SOVE GAVE BODE	18818 1891	10111 Dail 1001	
108 FIRST STINE PIO BOX 767								
HAVANA FL 323	333	HAVANA FL 32333			DO NOT WRITE IN THIS	SSPACE		
					3. Date Incorporated or Qualifed	_		1
					08/19/1998			ĺ
2. Principal Pl	lace of Business	2a. Mailing Addres	85		4. FEI Number	Ap	plied For	
21		26		<u></u> -	59-3565843		1 Applicable	}
Sulte, Apt.	#, etc.	Suite, Apt. #, e	etC.		5. Certificate of Status Desired	\$8.75 A		ļ
22		27						_
City & Stati	a —	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		ŀ
Zip Zip	Country	28 Zip		Country	8. This corporation owes the current year In			
24	25	29	30	,	Personal Property Tax.		□No	
24	9. Name and Address of Curren				10. Name and Address of New Registered	Agent		
				81 Name				
	Lins, Fred H			82 Street Add	dress (P.O. Box Number is Not Acceptable)			1
	FIRST ST NE							1
MAV	ANA FL 32333			83				
				84 City	F	85 Zip (Code]
		00 COT 4500 Florid	- Ctatudae de	a share named for		changing its	registered	ł
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such chang	a Siziules, un e was zuthori	zed by the corporat	tion's board of directors. I hereby accept the appoint	intment as re	istered	l
							_	ı
agent. I a	m familiar with, and accept the obliga	stions of, Section 607.05	505, Florida S	Statutes.	rporation's suprists that statement for the purpose of the appoint speed of directors. I hereby accept the appoint			
SIGNATURE				itaturies. ared Agent signature requir	red when reinstaking) DATE			8
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Regala	`.		ND DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AR	nt and title if applicable.	(NOTE: Regala	ared Agent eignature requir	red when reinstaking) DATE			1 (11/98)
SIGNATURE	Signature, typaid or privided name of registered age OFFICERS AI STD COLLINS, FRED H	nt and title if applicable.	(NOTE: Regents 1 LETE 1.	ared Agent eignature requir 13.	red when reinstaking) DATE	ND DIRECTO	RS IN 12	034 (11/98)
SIGNATURE 12. TITLE	Signature, typaid or printed name of registered age OFFICERS AN STD COLLINS, FRED H 806 FRANCES DRIVE	nt and title if applicable.	(NOTE Regate 1 LETE 1.	ared Agent eigneture required. 13. 1 TITLE 2 NAME 3 STREET ADDRESS	red when reinstaking) DATE	ND DIRECTO	RS IN 12	2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typaid or printed name of registered age OFFICERS AT STD COLLINS, FRED H 806 FRANCES DRIVE HAVANA FL 32333	nt and bite if applicable. NO DIRECTORS	(NOTE: Regente 1 LETE 1. 1.	ared Agent eignature required in the control of the	red when reinstaking) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typaid or printed name of registered age OFFICERS AT STD COLLINS, FRED H 806 FRANCES DRIVE HAVANA FL 32333 PD	nt and title if applicable.	(NOTE: Regards 1. LETE 1. 1. 1. 1. LETE 2.	ared Agent eignature requit 1.3. 1.1 TITLE 2. NAME 3.3 STREET ADDRESS A.CITY-ST-2IP 1.1 TITLE	red when reinstaking) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT STD COLLINS, FRED H 806 FRANCES DRIVE HAVANA FL 32333 PO JONES, C. DAYTON	nt and bite if applicable. NO DIRECTORS	(NOTE Regate 1. LETE 1. 1. LETE 2.	ared Agent eignature requit 1.3. 1. TITLE 2. NAME 3. STREET ADDRESS A. CITY-ST-2IP 1. TITLE 2. NAME	red when reinstaking) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typaid or printed name of registered age OFFICERS AT STD COLLINS, FRED H 806 FRANCES DRIVE HAVANA FL 32333 PO JONES, C. DAYTON -501 E 9TH AVE	nt and bite if applicable. NO DIRECTORS	(NOTE: Register 1 LETE 1. 1. 1. 1. LETE 2. 2.	ared Agent eigneture required in the control of the	red when reinstaking) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
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14. I hereby centry 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 condition or the repairer of that the empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 12 if Changed, or organ shipciment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-534-0077