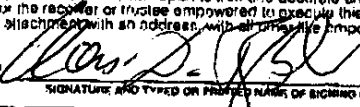


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90010 016 ***150.00

DOCUMENT # P99000079608			
1. Entity Name FINANCIAL NORTH, INC.			
Principal Place of Business 2787 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306		Mailing Address 2787 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306	
2. Principal Place of Business FINANCIAL NORTH, INC.		3. Mailing Address FINANCIAL NORTH, INC.	
State, Apt. #, etc. ATTN. CLAUS FESSLER		State, Apt. #, etc. ATTN. CLAUS FESSLER	
City & State 1000 E ATLANTIC BLVD & State 1000 E ATLANTIC BLVD POMPANO BEACH, FL. POMPANO BEACH, FL.		City & State 1000 E ATLANTIC BLVD & State 1000 E ATLANTIC BLVD POMPANO BEACH, FL. POMPANO BEACH, FL.	
Zip 33060	Country BROWARD	Zip 33060	Country BROWARD
4. Name and Address of Current Registered Agent FESSLER, CLAUS 2787 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of New Registered Agent FESSLER CLAUS 1000 E ATLANTIC BLVD. POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent FESSLER CLAUS 1000 E ATLANTIC BLVD. POMPANO BEACH, FL 33060	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of individual agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FESSLER, CLAUS 1000 E ATLANTIC AVENUE POMPANO BEACH, FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an officer or trustee empowered.			
SIGNATURE: 		2.10.04 (954)345-5693	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	