02/10/2004 13:07 9544915010 JAGUSZTYN PA

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Feb 18, 2004 8:00 am
Secretary of State
02-18-2004 90010 016 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000079608

1. Entity Name
FINANCIAL NORTH, INC.

Principal Place of Business	Mailing Address
2787 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306	2787 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306

02102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
FINANCIAL NORTH, INC.	FINANCIAL NORTH, INC.
Suite, Apt. #, etc. ATTN. CLAUS FESSLER	Suite, Apt. #, etc. ATTN. CLAUS FESSLER
City & State 1000 E. ATLANTIC BLVD POMPANO BEACH, FL.	City & State 1000 E. ATLANTIC BLVD POMPANO BEACH, FL.
Zip 33060 Country BROWARD	Zip 33060 Country BROWARD

4. FEI Number 65-0947434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FESSLER, CLAUS
2787 E. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name FESSLER CLAUS
Street Address (P.O. Box Number is Not Acceptable) 1000 E. ATLANTIC BLVD
City POMPANO BEACH, FL Zip Code 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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
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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 all other like empowered.

SIGNATURE: [signature] 2.10.04 (954)345-5693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #