**FILED** 

Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90215 029 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P99000105488 DOCUMENT #

1. Entity Name

ANNUITY MANAGEMENT GROUP, INC.

Principal Place of Business 1515 UNIVERSITY DRIVE STE 117 CORAL SPRINGS FL 33071			Mailing Address 1515 UNIVERSITY DRIVE STE 117 CORAL SPRINGS FL 33071						 		
2. Principal Place of Business				3. Mailing Address					##   E   B##	H #1111 #1 <b>56</b> 1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	FEI Number 65-0964054			pplied For of Applicable
Zip		Country	Zip	Zip Cou						8.75 Add	litional
r 6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
BARTON, JOHN S 1515 UNIVERSITY DRIVE STE 117						Street Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS FL 33071						City			FL	Zip Code	e
SIGNATURE .	ILE NOW!!	or printed name of registered agent !! FEE IS \$150.00 03 Fee will be \$550.00 05 Florida Department of		licable. (NOTE:	Registered	Agent signature	required when re	einstating)  9. Election Campaign Financ Trust Fund Confribution.	DATE		<b>0</b> May Be to Fees
10. OFFICERS AND DIRECTORS					11.			L DDITIONS/CHANGES TO OFFICER	RS AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP	,,,,	301101010101010101010101010101010101010		☐ Change	Addition
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12. I hereby certify that the information supplied with this filling 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 of the receiver of the rece

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

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☐ Addition