FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CHMENT #

111

FILED Apr 27 1998 8:00am Secretary of State

4	INANCIAL GROUP, INC.	9 (4)				
Principal Place	on of Business	Mailura Address a				1814 \$1814 B18#1 B18#1 \$18#1 188#
Principal Place of Business		Mailing Address	DI LAD			
3230 W COMMERCIAL BLVD STE 190		3230 W COMMERCIAL BLVD STE 190				
FT LAUDERDAEL FL 33309		FT LAUDERDAEL FL 33309		DO NOT WRITE IN TH	IS SPACE	
US		US		3. Date Incorporated or Qualified		
					10/26/1990	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0220909	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip Country		Zip 1			8. This corporation owes or has paid the current year Intangible	
24 25 25 9. Name and Address of Curren		29	30		Personal Property Tax due June 30. Yes No	
		ir nedisieleo Ağent	81]	Name	10. Name and Address of New Registers	a Agent
	OLDBERG, RICHARD E.		"	Name		
3230 W COMMERCIAL BLVD STE 190			82	Street Add	fress (P.O. Box Number is Not Acceptable)	
FI.	LAUDERDALE FL 33309		83			
			84	City		85 Zip Code
14 Demonstration of Continue (OT OF OR a 1807 4500 Ft. / L O					F	
agont La	in tan iliai with, and accept the obliga	ations of, Section 607.05 05 , F	torida Statutes	i .	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
	Signature, type dior parate it ravele of require educate			nt signature requ	ired when reinstating) DATE	
12. TITLE	OFFICERS ANI	DELETE	13.	т	ADDITIONS/CHANGES TO OFFICERS A	
NAME	GOLDBERG, RICHARD E.	DELETE	1.1 TITLE 1.2 NAME			Change Addition
' -	9580 N. W. 43 ST.					
CHADICE EL			1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	ODIVIDE I C	DELETE	1.4 CITY-ST-ZIP			Ob an and Address
		L) print	2 1 TITLE			Change Addition
NAME			2.2 NAME			
STR ET ADDRESS			2.3 STREET ADDRESS		е.	
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP			Change
		L. DEIETE	3 1 111LE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP			3 4. CITY - ST - ZIP			
TITLE	☐ DELITE		4.1 TITLE			L Change L Addition
NAME GYPTEN ADDRESS			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		4.4 CITY - ST - ZIP				
THILE		☐ DELETE				Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRELT A	ADDRESS		
City-St-ZiP		54 CITY-SI	1-71P			
TITLE		☐ DELE1E	61 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS		6.3 STREET A	ADDRESS		1	
CITY+ST-7IP			6 A CHV. ST	7:0		ŀ

14. Thereby cortify 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 corporation of the receiver or frusted 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 on an attachment with an address