SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 PM 11:29

DOCUMENT # **S17113** **(9)**

1. Corporation Name
DMR FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
1934 RINGLING BLVD SARASOTA FL 34236	1934 RINGLING BLVD SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1990
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21: 313 INTERSTATE COURT
2a. Mailing Address — 26: 313 INTERSTATE COURT
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: SARASOTA, FL
City & State — 28: SARASOTA, FL
Zip — 24: 34240
Country — 25: SARASOTA
Zip — 29: 34240
Country — 30: SARASOTA

4. FEI Number: 65-0231520 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CURRAN, DONALD F.
7515 WEEPING WILLOW DRIVE
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CURRAN, DONALD F.	12 NAME	
STREET ADDRESS	7515 WEEPING WILLOW DR	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	CURRAN, MARK W.	22 NAME	
STREET ADDRESS	4735 E. TR DR.	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☑ Change ☐ Addition
NAME	SHARP, RUSSELL	32 NAME	SHARP, RUSSL - RESIGNED
STREET ADDRESS	2831 RINGLING BLVD #120	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	CURRAN, SUSAN VICE PRES.	41 TITLE	☐ Change ☑ Addition
NAME	4735 E TRAIL DRIVE	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP	SARASOTA, FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or the receiver or trustee 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, added or deleted.

SIGNATURE: D F CURRAN 6/8/95 813-365-5675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100000 CP