

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S17113

(9)

1. Corporation Name

DMR FINANCIAL GROUP, INC.



Principal Place of Business

313 INTERSTATE CT
SARASOTA FL 34240
US

Mailing Address

313 INTERSTATE CT
SARASOTA FL 34240
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/05/1990

3a. Date of Last Report

06/16/1995

4. FEI Number

65-0231520

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent (if applicable)

Typed Name of Registered Agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

CURRAN, DONALD F.
7515 WEEPING WILLOW DR
SARASOTA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

VST

☐ DELETE

NAME

CURRAN, MARK W.
4735 E. TR DR.
SARASOTA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP

☐ DELETE

NAME

CURREN, SUAN
4735 E TRAILS DR
SARASOTA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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)(g), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD F. CURRAN
PRESIDENT

41596

941-379-2926

Daytime Phone #

CR2E034 (12/95)