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

FILED PROFIT May 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S17113 (9) DMR FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 313 INTERSTATE CT 313 INTERSTATE CT SARASOTA FL 34240 SARASOTA FL 34240 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/05/1990</u> 2. Principal Place of Business
21 6483 PARKLANA Mailing Address FEI Number Applied For 648<u>3</u> 65-0231520 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing SARASOM FL SARASONA Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CURRAN, DONALD F. 7515 WEEPING WILLOW DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SARASOTA FL 34241** 83 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 ponied name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE CURRAN, DONALD F. NAME 1.2 NAME 7515 WEEPING WILLOW DR STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 14 City-St-ZIP Addition DELETE ☐ Change TITLE VST 21 TITLE CURRAN, MARK W. 22 NAME NAME 4735 E. TR DR. STREET ADDRESS 23 STREET ADDRESS **Sa**rasota fl 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE CURREN, SUAN NAME 3.2 NAME 4735 E TRAILS DR 3.3 STREET ADDRESS STREET ADDRESS SARSOTAD FL 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME S STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is that and officer or director of the corporation or the receiver or trusted empowered Block 12 or Block 13 if changed, or on an attachment with an address. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

deccurate and that my signature shall have the same legal effect as if made under oath; that I am an to to execute this report as required by Chapter 607, Floride Statutes; and that my name appears in