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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S49194**

(1)

1. Corporation Name
PILGRIM FINANCIAL CORPORATION



Principal Place of Business
**1222 N.E. 4TH AVENUE
FORT LAUDERDALE FL 33330
US**

Mailing Address
**1222 N.E. 4TH AVENUE
FORT LAUDERDALE FL 33304-1825
US**

3. Date Incorporated or Qualified
04/23/1991

3a. Date of Last Report
04/29/1996

2. Principal Place of Business
21 **1224 NE 4th Avenue**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1224 NE 4th Avenue**
Suite, Apt. #, etc.

4. FEI Number
65-0260219

Applied For
Not Applicable

22 City & State
23 **FT. LAUDERDALE FL**

27 City & State
28 **FT LAUDERDALE FL**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33304**

29 Zip **33304**

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

9. Name and Address of Current Registered Agent

**O'SHAUGHNESSY, THOMAS
1222 N.E. 4TH AVENUE
FORT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name **O'SHAUGHNESSY, THOMAS**
82 Street Address (P.O. Box Number is Not Acceptable)
1224 NE 4th Avenue
83
84 City **FT LAUDERDALE** FL 85 Zip Code **33304**

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 *Thomas O'Shaughnessy* **2-25-97**
Signature, typed or printed name of registered agent and title, if applicable. (If E. Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'SHAUGHNESSY, THOMAS	
STREET ADDRESS	1222 NE 4TH AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'SHAUGHNESSY, LYDIA	
STREET ADDRESS	1222 NE 4TH AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'SHAUGHNESSY, STEPHEN	
STREET ADDRESS	1222 NE 4TH AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'SHAUGHNESSY, THOMAS	
1.3 STREET ADDRESS	1224 NE 4th Avenue	
1.4 CITY - ST - ZIP	FT LAUDERDALE FL 33304	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'SHAUGHNESSY, LYDIA	
2.3 STREET ADDRESS	1224 NE 4th Avenue	
2.4 CITY - ST - ZIP	FT LAUDERDALE FL 33304	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	O'SHAUGHNESSY, STEPHEN	
3.3 STREET ADDRESS	1224 NE 4th Avenue	
3.4 CITY - ST - ZIP	FT LAUDERDALE	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify 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 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: *Thomas O'Shaughnessy* **2-25-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **954-832-0083**

CR2E034 (9/96)