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

. , PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

 $\overline{(3)}$

CONWAY FINANCIAL GHOUP, INC.									
Principal Place of Business Mailing Address CONGRESS CORPORATE PLAZA 902 CLINT MOORE ROAD, SUITE 100 BLDG.4 BOCA RATON FL 33487 Mailing Address CONGRESS CORPORATE 902 CLINT MOORE ROAD BOCA RATON FL 33487				D. SUITE 100. BLDG 4					
US		U\$				3. Date Incorporated or Qualified 06/10/1991	3a. Date of Last 01/13	/1995	
2. Principal Place of Business 2a. Mailing Address 21 26						4. FEI Number Applied For Not Applicable			
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	1 1	75 Additional e Required	
City & State	City & State City & State 28					Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Ζη) 24]	Country Zip Ci			у		B. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered Agent		
			8	1 Name)				
CONWAY, STEPHEN P. CONGRESS CORPORATE PLAZA 902 CLINT MOORE ROAD, SUITE 100, BLDG. 4 , BOCA RATON FL 33487			8	2 Street	t Address	ess (P.O. Box Number is Not Acceptable)			
			8	3	-,				
			8				FL	Zip Code	
11. Pursuant to	nthe provisions of Sections 607,0502 diagent, or both, in the State of Florid	and 607.1508, Florida Statut a. Such change was authoriz	tes, the above zed by the co	 named c poration's 	corporations board r	on submits this statement for the purifications. I bereby accept the acc	rpose of changing it	s registered office	
familiar with	i, and accept the obligations of Section	on 607.0505, Florida Statutes	S.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and an analysis of the app	and the second	oo ogo	
SIGNATURE		Andreas Transfer of Table							
12.	lignal relityped or printed name of registered agent a OFFICERS AND		OTE Registered Ac	ent signature	required wit	and reinstating) ADDITIONS/CHANGES TO OFF	DATE EICEDS AND DIDEC	TODS IN 12	
TITLE	PD	DELETE	1.17171	-	T	ADDITIONS/CHANGES TO OFF	P- Chang		
NAME	CONWAY, STEPHEN P.		1.2 NAM						
STRICT ADDRESS 902 CLINT MOORE RD., STE. 100, BLDG. 4				1.3 STREET ADDRESS					
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NAME		<u></u>	2 2 NAM					7.20.110.1	
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CISM - ST - ZIP			3 4 City						
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NAME			5 2 NAM						
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CITY - ST - ZIP			5 4 CITY	-ST-ZIP	1				
TITLE		☐ DELETE	6 1 TITL	E			☐ Chang	e 🗀 Addition	
NAME			6.2 NAM	Ε					
STREET ADDRESS			6 3 STRE	et address	i [
CITY ST-ZIP			6.4 CITY		1				
14. I do hereby	certify that the information supplied v	ith this filing is voluntarily fur-	nished and do	es not qu	ualify for t	trie exemption stated in Section 119	.07(3)(k), Florida Sta	tutes. I further	

certify that the information indicated on this annual report or supplemental annual report is frue 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, an an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

707 -997 - 5601 Deytme Phone 1

