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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1997 DOCUMENT # S58390 CONWAY FINANCIAL GROUP, INC. Mailing Address Principal Place of Business CONGRESS CORPORATE PLAZA CONGRESS CORPORATE PLAZA 902 CLINT MOORE ROAD, SUITE 100-BLDG.4 902 CLINT MOORE ROAD, SUITE-100, BLDG:4 **BOCA RATON FL 33487 BOCA RATON FL 33487** 3a. Date of Last Report 3. Date Incorporated or Qualified 06/10/1991 03/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0271802 21 26 Not Applicable Suite Apt. #, etc. Suite. Opt #, etc. \$8.75 Additional П 5. Certificate of Status Desired 220 วขอ Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Country 24 29 30 Florida Statutes Yes No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CONWAY, STEPHEN P. CONGRESS CORPORATE PLAZA Street Address (P.O. Box Number is Not Acceptable) 82 902 CLINT MOORE ROAD, SUITE 100, BLDG. 4 83 **BOCA RATON FL 33487** 50125 220 84 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 Stignature, typed or printed name of registered agent and title if appricable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 TITLE TITLE CONWAY, STEPHEN P. NAME 1.2 NAME 50178 220 902 CLINT MOORE RD., STE. 100, BLDG. 4 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-SI-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP □ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED

Feb 19 1997 8:00am