

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUG
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO

1996.
(FE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra E. Brown
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S68670 (6)

1. Corporation Name:

COMMONWEALTH FINANCIAL GROUP, INC.

FILED

96 AUG 28 AM 9: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

2400 E. COMMERCIAL BLVD.
SUITE 612
FT. LAUDERDALE FL 33308

2400 E. COMMERCIAL BLVD.
SUITE 612
FT. LAUDERDALE FL 33308

2. Principal Place of Business

2a. Mailing Address

21 100 W. CYPRESS CREEK RD

26 100 W. CYPRESS CREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1020

27 1020

City & State

City & State

23 FT. LAUDERDALE, FL

28 FT. LAUDERDALE, FL

Zip

Zip

24 33309

29 33309

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/18/1991

3a. Date of Last Report
09/13/1995

4. FEI Number
65-0282609

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

HOFFECKER, CHARLES

2400 E. COMMERCIAL BLVD.

SUITE 612

FT. LAUDERDALE FL 33308

81 Name

82 Street Address/P.O. Box Number (Not Applicable)

83 100 W. CYPRESS CREEK ROAD

84

FT. LAUDERDALE FL 85 33309

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 type (check one): ink (change), typed (not applicable)

(If "ink" is checked, Agent's signature required whenever filing.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOFFECKER, CHARLES
STREET ADDRESS 2400 E. COMMERCIAL BLVD. #612
CITY-ST-ZIP FT. LAUDERDALE FL 33308

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles P. Hoffecker 6/20/96
President

CR2E034 (3/96)