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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

DOCUMENT # \$87287

(6)

P-N-L FINANCIAL GROUP, INC.



					·	RK (312 % 813) (114) (216) (214) (214) (216)
Principa! Place	of Business	Mailing Address				mar acarr biêss bron orbit alûst biôte lûfs
1 .	NGTON TRACE-D-1 BEACH FL-93414:	19857 WELLINGTON TRACE D-1 WEST PALM BEACH FL 33414				
					3. Date Incorporated or Qualified 10/14/1991	3a. Date of Last Report 05/01/1995
2. Principa! Pla	ace of Business	2a. Malling Address	~~		4. FEI Number	Applied For
21 12765	W. FOREST HILL BLUD	26 12765 W FOX	UST 111	u BLVD	65-0291893	Not Applicable
Suite, Apt. #, etc. 22 #-/30 2 City & State		Suite, Apt. #, etc. 27 # 1302		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 WELLINGTON, FC.		City & State 28 WE WINKTON, FC		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	У	8. This corporation has liability for in	ntangible tax under s. 199.032,
24 33414-1			30		Florida Statutes Yes	
	9. Name and Address of Current I	negistereo Agent	8	T Non-	10. Name and Address of New Re	egistered Agent
DARVEO	THOMAS		۱۰	1 Name		
ľ	, THOMAS K		8:	2 Street Addre	ess (P.O. Box Number is Not Acceptable	9)
1303/ W	ELLINGTON-TRACE		8:	12765	W. FUREST HILL IBL	<i>VP</i>
			0	# 130	90	
TVESI P	ALM BCH FL-93414		8	1 City		85 Zip Code 47.24
11. Pursuant to	o the provisions of Sections 607.0502 are od agent, or both, in the State of Florida. h, and accept the bibligations of, Section	nd 607.1508, Florida Statutes	s, the above	I WELL	CINUSTON ation submits this statement for the purp	FL 85 Zip Code 3.3414-8 3.3414-8
familiar wit	h, and accept the obligations of, Section	607.0505, Florida Statutes.	о ручне сог	poration's boar	d or directors. I hereby accept the appoi	intment as registered agent. I am
SIGNATURE _	Sgnature, typed or printed hains of registered agent and	tule decisionals Alexander		ont signature required		2/2/96
12.	OFFICERS AND D		13.	or cs:grancre required	ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND DIDECTORS IN 12
TITLE	DP	DELE IE	1. 1 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS CHANGES TO OFFIC	Change Addition
NAME	NELSON, MICHAEL H.		1.2 NAME	İ		•
STREET ADDRESS	12678 HEADWATER CIRCLE-		1.3 STREE	TADORESS 15	765 W FOREST HIL	L BLUD #130Z
CITY-ST-ZIP	WEST-PALM BEACH FL-		1.4 CITY-	SI-ZIP	DELLINGTON, FL	33414-4724
TITLE	DST	[] DELETE	2 17111.8			☐ Change ☐ Addition
NAME	PARKES, THOMAS K.		2.2 NAME			
STREET ADDRESS	14049 PORT CIRCLE		23 STREE	T ADDRESS		
CITY-ST-ZIP	PALM BCH.GARDENS FL		2.4 CITY-	1		
TITLE		[] DELETE	3. 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	EL ADDRESS		
CITY-ST-ZIP			3.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	4. 1 TOLE			Change Addition
NAME			4.2 NAME			_
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP		* . * . *	44 CITY-	ST-7/2		
THILE		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 \$1REE	1 ADDRESS		
CITY-ST-ZIP	····		5.4 CITY-	ST-ZIP		
THILE		DELETE	6 11111		1946 Phile National Association (1947 1948 1888 18 Association (1947 1888 1888 18 Association (1947 1888 1888 1888 1888 1888 1888 1888 18	Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	1 ADDRESS		
C)TY-S1-ZIP		· . · · · · · · · · · · · · · · · · · ·	6.4 CITY-	ST-ZIP		
14. TOO Hereby	ceruly triat the information supplied with	n this tring is voluntarily furnish	hed and doe	es not qualify for	r the exemption stated in Section 119.0	7/3\/k) Florida Statutes i further

4. Too hereby certify that the information supplies with this fring 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 inclinated on this annual report or suppliemental 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 chaptell, or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 (407)793-7734