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Jun 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S94073  
1. Corporation Name  
NORTHEAST FINANCIAL GROUP, INC.

Principal Place of Business Mailing Address  
911 JASMINE DRIVE SAME  
DELRAY BEACH, FLORIDA  
33483

3. Date Incorporated or Qualified 11/14/91  
3a. Date of Last Report 1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-029 6980	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	CORMIER, LISE
82 Street Address (P.O. Box Number is Not Acceptable)	911 JASMINE DRIVE
83	
84 City	DELRAY BEACH FL
85 Zip Code	33483

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 *Lise Cormier* *Lise Cormier* 6/3/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P D	1.1 TITLE	
NAME	ROBERT CORMIER	1.2 NAME	
STREET ADDRESS	911 JASMINE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	LISE CORMIER	2.2 NAME	
STREET ADDRESS	911 JASMINE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2F034 (9/96)