

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



Principal Place of Business

911 JASMINE DR.
DELRAY BEACH FL 33483

Mailing Address

911 JASMINE DR.
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 915 JASMINE DRIVE

Suite, Apt. #, etc.

22

City & State

23 DELRAY BEACH, FL

24 Zip 33483

Country

25 USA

2a. Mailing Address

26 915 JASMINE DRIVE

Suite, Apt. #, etc.

27

City & State

28 DELRAY BEACH, FL

29 Zip 33483

Country

30 USA

3. Date Incorporated or Qualified

11/14/1991

4. FEI Number

65-0296980

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CORMIER, LISE
911 JASMINE DR.
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent NONE DUE

81 Name

CORMIER, LISE

82 Street Address (P.O. Box Number is Not Acceptable)

915 JASMINE DRIVE

83

84 City

DELRAY BEACH

85 State

FL

86 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, SEC

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Lise Cormier, Sec.

5/26/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CORMIER, ROBERT
STREET ADDRESS 911 JASMINE DR.
CITY-ST-ZIP DELRAY BEACH FL 33483

☐ DELETE

TITLE STD
NAME CORMIER, LISE
STREET ADDRESS 911 JASMINE DR.
CITY-ST-ZIP DELRAY BEACH FL 33483

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME CORMIER, ROBERT
1.3 STREET ADDRESS 915 JASMINE DR.
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME CORMIER, LISE
2.3 STREET ADDRESS 915 JASMINE DR.
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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.

CP2E034 (10/97)