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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	<u>1996</u>	D D	IVISION OF CORPOR.	ATIONS		
DOCUN 1. Corporation	MENT # V336	46	(3)			
'	HIRE FINANCIAL GROUP,	INC.				
Principal Place	of Business	Muiling Addr	ess			01 01 01 01 01
3055 CARD	inal dr		RDINAL DR			
SUITE 106 VERO BEAC	OH FL 32963	Suite 10 Vero be	io Each fl 32967			
US		US			3. Date Incorporated or Quartied 05/05/1992	3a. Date of Last Report 07/14/1995
2. Principal Pla	ce of Business	2a. Mailing A	ddress		4. FLI Number	Applied For
1		26			59-3125491	Not Applicable
Suite, Apt. #	r, etc.	Suite, Ap	t. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Sta	nte		6. Election Campaign Financing	\$5.00 May Be
3		28				Added to Fees
Zip 4	Country 25	Ζ ₁ μ	Cou	ntry	8. This corporation has liability for int	
<u></u>	9. Name and Address of Curre		30 30 ant		10. Name and Address of New Reg	Bard 1
				81 Name		<u></u>
	MS, MICHAEL T			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
3055 C Suite	ARDINAL DR			83		
	BEACH FL 32963			00		
1010	DEMOTT E DESCO			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607,1508, Fig	orida Statutes, the abo	ve named corpor	ration submits this statement for the purpo	so of character its anniete and after
familiar witi	n, and accept the obligations of Se	ction 607.0505, Flori	ida Statutes	orporation's boa	and of directors. Thereby accept the appoin	itment as registered agent. I am
SIGNATURE _	Signature its ed or profediments of rejultary Lag		alian no	Agent Syntamiere pre		
 12.		ND DIRECTORS	13.	Age : ESQLit ifferte Per	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	Р		DELETE 1.10	l.f		Charige Addition
NAME	WILLIAMS, MICHAEL		1.2 NA	ME		
STREET ACORESS	3055 CARDINAL DR., SUI' VERO BEACH FL	IE 105	1351	RELE ADDRESS		
CITY - ST - ZIP TITLE	YENU DEACH IL)		
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NAME			DELETE 2 1 11	TY-ST-ZIP TLF		Change Addit on
			DELETE 2 1 11 22 N ⁴	TY-ST-ZIP TLF		Change Addition
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STREET ADDRESS CITY-ST-ZIP (TILE VAME STREET ADDRESS CITY-ST-ZIP			DELETE 2 111 22 N4 23 ST 24 C2 DELETE 3 11 32 N4 33 S7 34 C1 DELETE 4 131	TY-ST-ZIP TUE ME REST ADDRESS IY-ST-ZIP TUE ME REEL ADDRESS IY-ST-ZIP TUE ME REEL ADDRESS IY-ST-ZIF		Change Addition
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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

SIGNATURE:

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Late Dept or Plant A