

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

FILED

Feb 11 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 # **V33646** (3)  
1. Corporation Name  
**WILSHIRE FINANCIAL GROUP, INC.**

Principal Place of Business

**3055 CARDINAL DR  
SUITE 105  
VERO BEACH FL 32963  
US**

Mailing Address

**3055 CARDINAL DR  
SUITE 105  
VERO BEACH FL 32967  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/05/1992**

4. FEI Number

**59-3125491**

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

2. Principal Place of Business

21 **2801 OCEAN DR.**

Suite, Apt. #, etc.

22 **SUITE 204**

City & State

23 **VERO BEACH, FL**

Zip

24 **32963**

Country

25 **USA**

2a. Mailing Address

26 **2801 OCEAN DR.**

Suite, Apt. #, etc.

27 **SUITE 204**

City & State

28 **VERO BEACH, FL**

Zip

29 **32963**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**WILLIAMS, MICHAEL T  
3055 CARDINAL DR  
SUITE 105  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name

**MICHAEL T. WILLIAMS**

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

**2801 OCEAN DR.**

83

**SUITE 204**

84 City

**VERO BEACH**

**FL**

85 Zip Code

**32963**

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

*Michael T. Williams* **MICHAEL T. WILLIAMS**

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

(NOTE: Registered Agent signature required when reinstating)

**2/6/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE

**P**

NAME

**WILLIAMS, MICHAEL**

STREET ADDRESS

**3055 CARDINAL DR., SUITE 105**

CITY - ST - ZIP

**VERO BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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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 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.

SIGNATURE:

*Michael T. Williams*

**MICHAEL T. WILLIAMS**

**2/6/98**

**561-271-5800**

CR2E034 (10/97)