FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:40

DOCUMENT # **V40795** **(9)**

1. Corporation Name
JDQ FINANCIAL GROUP INC.

Principal Place of Business	Mailing Address
1919 KIMBERWICKE CIRCLE OVIEDO FL 32765	1035 S. SEMORAN BLVD. 1049 WINTER PARK FL 32792 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/02/1992	02/22/1994

2. Principal Place of Business	2a. Mailing Address
21 7200 ALOMA AVE	26 7200 ALOMA AVE.
Suite, Apt. #, etc. 22 F	Suite, Apt. #, etc. 27 F
City & State 23 WINTER PARK, FLORIDA	City & State 28 WINTER PARK, FLORIDA
Zip / Country 24 32792 / 25 ORANGE	Zip / Country 29 32792 / 30 ORANGE

4. FEI Number: 59-3130530 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
QUINONES, JOSEPH D. 1919 KIMBERWICKE CIRCLE OVIEDO FL 32765	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: Joseph D. Quinones JOSEPH D. QUINONES 4/3/95
Signature, Typed or Printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	QUINONES, JOSEPH D.	12 NAME	
STREET ADDRESS	1919 KIMBERWICKE CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	OVIEDO FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SPARKS, BRUCE M.	22 NAME	
STREET ADDRESS	1063 BLACK ACRE TRAIL	23 STREET ADDRESS	
CITY ST ZIP	WINTER SPRINGS FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SIECK, SCOTT R.	32 NAME	
STREET ADDRESS	1081 NORTH PARK AVENUE	33 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAM, MOSES	42 NAME	
STREET ADDRESS	1010 YOUPON CT.	43 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Joseph D. Quinones JOSEPH D. QUINONES 4/3/95 (407) 672-4313
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0047960 CP