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PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **V41231** **(4)**

1. Corporation Name
**MONTERAY FINANCIAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2400 SOUTH FEDERAL HWY<br>SUITE 200<br>STUART FL 34994-4531 | 2400 SOUTH FEDERAL HWY<br>SUITE 200<br>STUART FL 34994-4556 |

3. Date Incorporated or Qualified: 06/04/1992
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 3824 SE Dixie Hwy.
22 Suite, Apt. #, etc. -------
23 City & State: Stuart, FL
24 Zip: 34997 25 Country: US

2a. Mailing Address
26 P O Box 3000
27 Suite, Apt. #, etc. ----------
28 City & State: Stuart, FL
29 Zip: 34995 30 Country: US

4. FEI Number: 65-0342522 ☐ 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
JAMES, KEITH A.
777 SOUTH FLAGLER DRIVE
SUITE 310 (EAST)
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name: Neils P. Christenson
82 Street Address (P.O. Box Number is Not Acceptable): 3824 SE Dixie Hwy.
83
84 City: Stuart, FL 85 Zip Code: 34997

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: [signature], Neils Peter Christenson (NOTE: Registered Agent signature required when reinstating) DATE: 3/10/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALLEN, R.E.<br>2400 S FEDERAL HWY #200<br>STUART FL ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>Christenson, Linda<br>153 Turtle Creek Dr.<br>Tequesta, FL 33469 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. 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.

**SIGNATURE:** [signature], Linda F. Christenson 3/12/97 561 287 3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471201