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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V61501 DOCUMENT # 1. Corporation Name

CASH FLOW MANAGEMENT GROUP, INC.

(5)

FILED Apr 23 1996 8:00 am Secretary of State

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			Outer Archeteres						
Principal Place		Mat	iling Address) }			
12333 NW 18TH ST SUITE 3			12333 NW 18TH ST SUITE 3			İ			
PEMBROKE PINES FL 33026 US			PEMBROKE PINES FL 33026 US				of Last Report 07/25/1995		
2. Principal Pla	ce of Business	2a.	Mailing Address			4. FEI Number		-	Applied For
및 ' - '' ' · · · · · · · · · · · · · · ·		26				65-0357619			Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc			5. Certificate of Status Desired			5 Additional Required
City & State			City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
3	Country	28	<i>Ζ</i> φ	Country		8. This corporation has hability for	intangible ta:		
Zip (4)	Country 25	29	242	30			No No		,
•	9. Name and Address of Curre		tered Agent			10. Name and Address New I	Registered A	gent	
				81	Name				
SCHNI	tzer, arthur W.			82	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)		
	ALMETTO LANE			02	Street Addi	1040 (101)			
	ROKE PINES FL 33026			83	1				
				84	City			85 2	ip Code
					'	ration submits this statement for the pu	FL		
SIGNATURE _	Senature, typical or printed name of registered spe OFFICERS All			inte Boy cered Age	of Signature Course	LAMA (retroit d'ung) ADDITIONS/CHANGES TO OF			
TITLE	PD		DELETÉ	1 1 TiTLE				Change	Addition
NAME	SCHNITZER, ARTHUR			1.2 NAME					
STREET ADDRESS	1621 PALMETTO LN			1 3 STAFE	FADDRESS				
CITY - ST - ZIP	PEMBROKE PINES FL			140114				Change	Addition
TITLE			DELETE	2 1 7111.6			L		
NAMÉ				2 2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			DELETE	2.4 C/Ty -				Change	Addition
TITLE NAME			<u></u>	3.2 NAME					
STREET ADDRESS				E	ET ADDRESS				
CITY-ST-ZIF				3.4 CiTY					
TIFLE			☐ DELETE	4 1 TITLE			ſ	Change	Addition
NAME				4.2 NAM					
STREET ADDRESS				4 3 STRE	ET ADDRESS				
CITY - ST - ZIP				4.4 CHY					Addition
TITLE			☐ DEFEIF	5 1 TiJL			1	Chang	e 🔲 Addition
NAME				5.2 NAM	1				
STREET ADDRESS					ET ADDRESS				
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TITLE			T) DECEIE	6 1 TI*L				,9	
NAME		ľ		6.2 NAM 6.3 ST00	EL ADDRESS				
STREET ADORESS		- 1\		6.4 Cify					
CITY - ST - ZIF	1 1 1			64011)	- 51 - 20"	for the exemption stated in Section 11			

I do hereby certify that the information supplied with this filing is vountarily furnished and does not qualify fix the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report it or supplienental 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 for the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 1, or on an approximate in other address.

SIGNATURE: