

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G97708** (3)

1. Corporation Name

**FLORIDA FINANCE COUNSEL SERVICES, INC.**



Principal Place of Business

SUITE 900, BIV TOWER  
1101 BRICKELL AVENUE  
MIAMI FL 33131-3104

Mailing Address

SUITE 900, BIV TOWER  
1101 BRICKELL AVENUE  
MIAMI FL 33131-3104

3. Date Incorporated or Qualified <b>03/30/1984</b>	3a. Date of Last Report <b>07/10/1995</b>
4. FEI Number <b>59-2417977</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDBERG, GLEN Z.  
1101 BRICKELL AVE., #900, BIV TOWER  
MIAMI FL 33131**

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

Signature of Registered Agent with power of attorney (if applicable)

Signature of Registered Agent (if applicable) required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSSART, JEAN MARIE		12 NAME	
STREET ADDRESS	1101 BRICKELL AVE #900		13 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL		14 CITY-STATE-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSSART, CLAUDE		22 NAME	
STREET ADDRESS	1101 BRICKELL AVE #900		23 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL		24 CITY-STATE-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSSART, BENOIT		32 NAME	
STREET ADDRESS	1101 BRICKELL AVE #900		33 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL		34 CITY-STATE-ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SELLE, LEO P. (MRS.)		42 NAME	
STREET ADDRESS	1101 BRICKELL AVE #900		43 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL		44 CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-STATE-ZIP			54 CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-STATE-ZIP			64 CITY-STATE-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)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BENOIT COSSART**

**2/2/96**

DATE

DATE OF FILING

CR2E034 (12/95)