

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L80119** (5)

1. Corporation Name:

**FINANCE SUPPORT ASSOCIATES, INC.**

Principal Place of Business:

**C/O GUNARS J. MANSONS  
2750 N.E. 52ND STREET  
FORT LAUDERDALE FL 33308**

Mailing Address:

**C/O GUNARS J. MANSONS  
2750 N.E. 52ND STREET  
FORT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/11/1990**

3a. Date of Last Report  
**05/20/1994**

4. FEI Number  
**65-0197730**

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. 199.012,  
Florida Statutes  Yes  No

2. Principal Place of Business:

21. Suite, Apt. # etc.

22. City & State

24. Zip

25. County

2a. Mailing Address:

26. Suite, Apt. # etc.

27. City & State

29. Zip

30. County

9. Name and Address of Current Registered Agent

**MANSONS, GUNARS J.  
2750 N.E. 52ND STREET  
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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 607.0702 and 607.1503, Florida Statutes, the above named corporation submits the 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 607.0405, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Registered Agent Candidate)

(Signature of New Registered Agent or Registered Agent Candidate)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME D <b>MANSONS, GUNARS J.</b> STREET ADDRESS <b>2750 N.E. 52ND STREET</b> CITY, ST, ZIP <b>FORT LAUDERDALE FL</b>	13.1 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME STREET ADDRESS CITY, ST, ZIP	13.2 2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP	13.3 3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP	13.4 4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP	13.5 5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP	13.6 6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME STREET ADDRESS CITY, ST, ZIP	13.7 7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME STREET ADDRESS CITY, ST, ZIP	13.8 8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME STREET ADDRESS CITY, ST, ZIP	13.9 9. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

13.1 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 9. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.02/130.03, Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95 305-777-9580