

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 JUN 28 AM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049914 (3)

1. Corporation Name

FINANCIAL RATES, INC.

Principal Place of Business

777 S FLAGLER DR
SUITE 200
WEST PALM BEACH FL 33401

Mailing Address

777 S FLAGLER DR
SUITE 200
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/13/1993	3a. Date of Last Report 04/19/1994
4. FEI Number 65-0423422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	29
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	30

9. Name and Address of Current Registered Agent

**CHAUNCEY, HARRISON K JR
777 S FLAGLER DR
SUITE 200
WEST PALM BEACH FL 33401**

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 607.0502 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, typed or printed name of registered agent and title if applicable. *NOTE: Registered Agent signature required when resigning. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAUNCEY, HARRISON K JR	1.2 NAME	
STREET ADDRESS	777 S FLAGLER DR SUITE 200	1.3 STREET ADDRESS	000001532330
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	-07/07/95--01046--015
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, PETER C	2.2 NAME	
STREET ADDRESS	200 FOUR FALLS CORPORATE CTR. STE 205	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST CONSHOHOCKEN PA	2.4 CITY - ST - ZIP	
TITLE	EX VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEADY, ROBERT K	3.2 NAME	
STREET ADDRESS	880 U.S. HWY ONE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MARGARET E	4.2 NAME	
STREET ADDRESS	777 S. FLAGLER DRIVE, STE. 200	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM J. RYAN	5.2 NAME	
STREET ADDRESS	11811 U.S. HIGHWAY ONE, STE 200	5.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH, FLA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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 on an attachment with an address.

SIGNATURE: _____
Signature and typed or printed name of signing officer or director Date _____ Daytime Phone # _____