

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000008353 (1)

1. Corporation Name
FINANCIAL ADMINISTRATORS, INC.



Principal Place of Business: **% 7900 ISLAND BLVD. WILLIAMS ISLAND FL 33160**
Mailing Address: **% 7900 ISLAND BLVD. WILLIAMS ISLAND FL 33160**

2. Principal Place of Business
21 **1160 E. Hallandale Bch Blvd.**
22 **C**
23 **Hallandale FL**
24 **33009** 25 **USA**
26 **1160 E. Hallandale Bch Blvd.**
27 **C**
28 **Hallandale FL**
29 **33009** 30 **USA**

3. Date Incorporated or Qualified: **02/01/1995**
3a. Date of Last Report
4. FEI Number: **65-0553230**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

Applied For Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
**ARKIN, RICHARD A
7900 ISLAND BLVD.
WILLIAMS ISLAND FL 33160**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0912 and 607.1106, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0912, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATUS, ALAN	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY, ST, ZIP	WILLIAMS ISLAND FL 33160	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOLLRATH, ROBERT	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY, ST, ZIP	WILLIAMS ISLAND FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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*****200.00**

14. I do hereby certify that the information supplied to this filing was voluntarily furnished and is true and correct. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the registered agent, I understand and agree to provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am a registered agent with an address.

SIGNATURE: *Alan Matus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 (305) 937-7800

CR2E034 (12/95)