

**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 # **518499**  
 1. Corporation Name  
**FINANCIAL TRUSTEES, INC.**

Principal Place of Business Mailing Address  
**358 EL BRILLO WAY 358 EL BRILLO WAY**  
**PALM BEACH, FL 33480 PALM BEACH, FL 33480**

3. Date Incorporated or Qualified **12/14/90** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

4. FEI Number **65-0246197** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt #, etc.  
**22** **27**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State City & State  
**23** **28**

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**EPSTEIN, JEFFREY E.**  
**358 EL BRILLO WAY**  
**PALM BEACH, FL 33480**

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 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
 TITLE **PS**  DELETE  
 NAME **EPSTEIN, JEFFREY E.**  
 STREET ADDRESS **358 EL BRILLO WAY**  
 CITY-ST-ZIP **PALM BEACH, FL 33480**  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  Change  Addition  
 6.2 NAME **400001920474**  
 6.3 STREET ADDRESS **-08/13/96--01120-008 003**  
 6.4 CITY-ST-ZIP **\*\*\*238.75**

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: \_\_\_\_\_ Date **8/7/96** Daytime Phone # \_\_\_\_\_