

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # M31885 (0)

1. Corporation Name

FLAMINGO FINANCIAL ASSOCIATES, INC.

95 MAY -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O STEPHEN R. MELNICK
10071 PINES BLVD., #B
PEMBROKE PINES FL 33024-3136

Mailing Address

C/O STEPHEN R. MELNICK
10071 PINES BLVD., #B
PEMBROKE PINES FL 33024-3136

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21 217 E. Hallandale Bch Blvd.	25 P.O. BOX 250		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State Hallandale, FL	28 City & State Hallandale, FL		
24 Zip 33008	25 Country USA	29 Zip 33008	30 Country USA

3. Date Incorporated or Qualified 05/12/1986	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2669363	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. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MELNICK, STEPHEN R.
10071 PINES BLVD., #B
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name Stephen R. Melnick	85 Zip Code 33322
82 Street Address (P.O. Box Number is Not Applicable) 10100 NW 13th St.	
83	
84 City Plantation	FL

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 of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Stephen R. Melnick* DATE: 4/29/95
(NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS

TITLE DP	NAME MELNICK, STEPHEN R.
STREET ADDRESS 10071 PINES BLVD., "B"	
CITY - ST - ZIP PEMBROKE PINES FL	
TITLE DVP	NAME FELDMAN, TODD
STREET ADDRESS 10071 PINES BLVD., "B"	
CITY - ST - ZIP PEMBROKE PINES FL	
TITLE DS	NAME HUSKIN, HARRY
STREET ADDRESS 10071 PINES BLVD "B"	
CITY - ST - ZIP PEMBROKE PINES FL	
TITLE DT	NAME REBENKOFF, ERIC S
STREET ADDRESS 10071 PINES BLVD "B"	
CITY - ST - ZIP PEMBROKE PINES FL	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition	12 NAME same as above
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE ☒ Change ☐ Addition	22 NAME same
23 STREET ADDRESS P.O. Box 250 217 E. Hallandale Bch Blvd.	
24 CITY - ST - ZIP Hallandale, FL 33008	
31 TITLE ☒ Change ☐ Addition	32 NAME same
33 STREET ADDRESS 217 E. Hallandale Bch. Blvd.	
34 CITY - ST - ZIP Hallandale, FL 33008	
41 TITLE ☒ Change ☐ Addition	42 NAME same
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE ☐ Change ☐ Addition	52 NAME
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE ☐ Change ☐ Addition	62 NAME
63 STREET ADDRESS	
64 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 the 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: *Stephen R. Melnick* DATE: 4/29/95 (305) 454-3145
(NOTE: Signature and typed or printed name of signing officer or director)