

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

• PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M31885 (0)
1. Corporation Name
FLAMINGO FINANCIAL ASSOCIATES, INC.

Principal Place of Business
**20533 BISCAYNE BLVD.
4-109
AVENTURA FL 33180
US**

Mailing Address
**20533 BISCAYNE BLVD.
4-109
AVENTURA FL 33180
US**

FILED
Aug 12 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2669363	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MELNICK, STEPHEN R. 10100 NW 13TH ST PLANTATION FL 33322				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number Is Not Acceptable)
				83	
				84	City
				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 reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	DP	<input type="checkbox"/> DELETE						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	MELNICK, STEPHEN R.							1.2 NAME							
STREET ADDRESS	10100 NW 13TH ST							1.3 STREET ADDRESS							
CITY-ST-ZIP	PLANTATION FL							1.4 CITY-ST-ZIP							
TITLE	DVP	<input type="checkbox"/> DELETE						2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	FELDMAN, TODD							2.2 NAME							
STREET ADDRESS	217 E. HALLANDALE BEACH BLVD							2.3 STREET ADDRESS							
CITY-ST-ZIP	HALLANDALE FL							2.4 CITY-ST-ZIP							
TITLE	DS	<input type="checkbox"/> DELETE						3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	HUSKIN, HARRY							3.2 NAME							
STREET ADDRESS	217 E. HALLANDALE BEACH BLVD							3.3 STREET ADDRESS							
CITY-ST-ZIP	HALLANDALE FL							3.4 CITY-ST-ZIP							
TITLE	DT	<input type="checkbox"/> DELETE						4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	REBENKOFF, ERIC S							4.2 NAME							
STREET ADDRESS	217 E. HALLANDALE BEACH BLVD.							4.3 STREET ADDRESS							
CITY-ST-ZIP	HALLANDALE FL							4.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 REQUIRED: TODD Feldman 7/27/97 RY 7/27/97

CR2E034 (5/98)