

**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 # 31317  
1. Corporation Name

FINANCIAL AUTOMATION, INC.

Principal Place of Business: C/O CHASE FEDERAL BANK, 7300 N. Kendall Dr., Miami, Fl. 33156  
Mailing Address: CHASE FEDERAL BANK, 7300 N. Kendall Dr., Miami, Fl. 33156

3. Date Incorporated or Qualified: 11-24-1970  
3a. Date of Last Report: 11-24-1970  
4. FEI Number: 59-1319649  
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

2. Principal Place of Business (21-23)  
2a. Mailing Address (24-26)  
22. Suite, Apt. #, etc. (22)  
23. City & State (23)  
24. Zip (24)  
25. Country (25)  
26. Suite, Apt. #, etc. (26)  
27. City & State (27)  
28. Zip (28)  
29. Country (29)

9. Name and Address of Current Registered Agent

Meryl Wolfson  
% Chase Federal Bank  
7300 N. Kendall Dr.  
Miami, Fl. 33156

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: Meryl Wolfson (typed or printed name of registered agent) Date: 5/1/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Cooper, Thomas A.	
STREET ADDRESS	7300 N. Kendall Dr.	
CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	Baker, Donald E.	
STREET ADDRESS	7300 N. Kendall Dr.	
CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Hessinger, Richard M.	
STREET ADDRESS	7300 N. Kendall Dr.	
CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Trapp, Laurence J.	
STREET ADDRESS	7300 N. Kendall Dr.	
CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Wolfson, Meryl	
STREET ADDRESS	7300 N. Kendall Dr.	
CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Yans, Allen	
STREET ADDRESS	7300 N. Kendall Dr.	
CITY-ST-ZIP	Miami, Fl. 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	000001819780
54 CITY-ST-ZIP	-05/14/96--01016--010
61 TITLE	***225.00
62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63 STREET ADDRESS	S-BOK
64 CITY-ST-ZIP	JR

14. I do hereby certify that the information supplied in 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: Meryl Wolfson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 305 670-7600  
Date: Date/Time

CR2E034 (12/95)