

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 373171 (8)

1. Corporation Name
FINANCIAL AUTOMATION, INC.



Principal Place of Business C/O CHASE FEDERAL BANK, FSB 7300 NORTH KENDALL DRIVE MIAMI FL 33156	Mailing Address C/O CHASE FEDERAL BANK, FSB 7300 NORTH KENDALL DRIVE MIAMI FL 33156-7840
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2. Principal Place of Business 21 401 NORTH TRYON ST NC1-021-03-09 22 c/o CORPORATE TAX CHARLOTTE NC 28255 23	2a. Mailing Address 26 401 NORTH TRYON ST NC1-021-03-09 27 c/o CORPORATE TAX CHARLOTTE NC 28255 28
24 Zip Country	29 Zip Country

3. Date incorporated or Qualified 11/24/1970	3a. Date of Last Report 05/13/1996
4. FEI Number 59-1319649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOLFSON, MERYL C/O CHASE FEDERAL BANK, FSB 7300 NORTH KENDALL DRIVE 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	FL	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 _____ (NOT: Registered Agent; signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, THOMAS A		1.2 NAME		
STREET ADDRESS	7300 N. KENDALL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP		
TITLE	CFOD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, DONALD E		2.2 NAME		
STREET ADDRESS	7300 N. KENDALL DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HESSINGER, RICHARD M		3.2 NAME		
STREET ADDRESS	7300 N. KENDALL DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAPP, LAURENCE J		4.2 NAME		
STREET ADDRESS	7300 N. KENDALL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFSON, MERYL		5.2 NAME		
STREET ADDRESS	7300 N. KENDALL DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		5.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YANS, ALLEN		6.2 NAME		
STREET ADDRESS	7300 N KENDALL DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		6.4 CITY-ST-ZIP		

SEE SCHEDULE ATTACHED

CR2E034 (9/96)

14. I do 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 changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

Active Director/Officer Report**Financial Automation, Inc.**

<u>Directors</u>	<u>Name</u>	<u>Last El.</u>
Director	James W. Kiser	04/30/97
	John E. Mack	04/30/97
	Gary S. Williams	04/30/97

<u>Officers</u>	<u>Name</u>	<u>Last El.</u>
President	John E. Mack	04/30/97
Secretary	Mary-Ann Lucas	04/30/97
Assistant Secretary	Lynn L. Rhoads	04/30/97
Treasurer/Tax Officer	Gary S. Williams	04/30/97