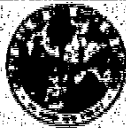


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 10 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004480 (9)

1. Corporation Name

FINANCIAL SERVICES ACQUISITION CORPORATION

Principal Place of Business

BOX 1124
PONTE VEDRA FL 32004

Mailing Address

BOX 1124
PONTE VEDRA FL 32004

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/29/1984

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

APPLIED FOR 593262158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PC

NAME

SCHARF, GILBERT D

STREET ADDRESS

812 SPINNAKERS REACH

CITY - ST - ZIP

PONTE VEDRA BEACH FL 32082

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

VDST

NAME

SCHARF, MICHAEL J

STREET ADDRESS

704 SPINNAKERS REACH

CITY - ST - ZIP

PONTE VEDRA BEACH FL 32082

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

D

NAME

MARTIN, DENIS

STREET ADDRESS

12 DOWER HOUSE CRESCENT, SOUTHBOROUGH

CITY - ST - ZIP

KENT TN4 OTT ENGLAND

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

D

NAME

TRANI, SALVATORE J

STREET ADDRESS

22 GLENBY LANE

CITY - ST - ZIP

BROOKVILLE NY 11545

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D FREDERICK B. WHITEMIRE
925 PARK AVE.
NEW YORK, N.Y. 10028

TITLE

D

NAME

KOPP, LARRY S

STREET ADDRESS

2023 NARROWS VIEW CIRLCE B-213

CITY - ST - ZIP

GIG HARBOR WA 98035

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

D

NAME

BIRCH, WILLIAM

STREET ADDRESS

1010 FIFTH AVENUE

CITY - ST - ZIP

NEW YORK NY 10028

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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:

Gilbert Scharf

GILBERT SCHARF

1/20/95

904 285-5110
212 246-1000

(Signature and typed or printed name of signing officer or director)

Date

(Any other names)