

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 # **F94000004480 (9)**

1. Corporation Name

FINANCIAL SERVICES ACQUISITION CORPORATION



Principal Place of Business

Mailing Address

**BOX 1124
PONTE VEDRA FL 32004**

**BOX 1124
PONTE VEDRA FL 32004**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

04/10/1995

4. FEI Number

59-3262958

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

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME: **PC
SCHARF, GILBERT D
812 SPINNAKERS REACH
PONTE VEDRA BEACH FL 32082**

12 NAME

TITLE: **VDST** ☐ DELETE

13 STREET ADDRESS

NAME: **SCHARF, MICHAEL J
704 SPINNAKERS REACH
PONTE VEDRA BEACH FL 32082**

14 CITY - ST - ZIP

TITLE: **D** ☐ DELETE

2.1 TITLE

NAME: **MARTIN, DENIS
12 DOWER HOUSE CRESCENT, SOUTHBOROUGH
KENT TN4 OTT ENGLAND**

22 NAME

TITLE: **D** ☐ DELETE

23 STREET ADDRESS

NAME: **KOPP, LARRY S
2023 NARROWS VIEW CIRLCE B-213
GIG HARBOR WA 90335**

24 CITY - ST - ZIP

TITLE: **D** ☐ DELETE

3.1 TITLE

NAME: **BIRCH, WILLIAM
1010 FIFTH AVENUE
NEW YORK NY 10028**

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

Date

Daytime Phone #

CR2E034 (12/95)