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Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000000009 (9)

1. Corporation Name  
FOCUS FINANCIAL CORP.



Principal Place of Business: 9341 COLLINS AVENUE UNIT 804 SURFSIDE FL 33154  
Mailing Address: 9341 COLLINS AVENUE UNIT 804 SURFSIDE FL 33154-2615

3. Date Incorporated or Qualified: 01/03/1995  
3a. Date of Last Report: 07/02/1996

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 56-1651054  
Applied For: Not Applicable

Suite, Apt #, etc.: 22  
Suite, Apt #, etc.: 27

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required

City & State: 23  
City & State: 28

6. Election Campaign Financing Trust Fund Contribution:   
\$5.00 May Be Added to Fees

Zip: 24  
Country: 25  
Zip: 29  
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTNOY, DAVID I  
9341 COLLINS AVENUE, UNIT 804  
SURFSIDE FL 33154

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature required for principal and registered agent and where applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  DELETE  
1.2 NAME: PORTNOY, DAVID I  
1.3 STREET ADDRESS: 9341 COLLINS AVENUE, UNIT 804  
1.4 CITY-ST-ZIP: SURFSIDE FL 33154  
2.1 TITLE:  DELETE  
2.2 NAME: PORTNOY, GILBERT  
2.3 STREET ADDRESS: 9341 COLLINS AVENUE, UNIT 804  
2.4 CITY-ST-ZIP: SURFSIDE FL 33154  
3.1 TITLE:  DELETE  
3.2 NAME: PORTNOY, MARK L  
3.3 STREET ADDRESS: 9341 COLLINS AVENUE, UNIT 804  
3.4 CITY-ST-ZIP: SURFSIDE FL 33154  
4.1 TITLE:  DELETE  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:  
5.1 TITLE:  DELETE  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
6.1 TITLE:  DELETE  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:  
2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:  
3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:  
4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:  
5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
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 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: *David Portnoy* 1/16/97 305-865-6580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)