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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 # F96000001043 (6)

1. Corporation Name
THE FACTOR COMPANY



Principal Place of Business
627 E. ATLANTIC BLVD
POMPANO BEACH FL 33061

Mailing Address
627 E. ATLANTIC BLVD
POMPANO BEACH FL 33060-6343

3. Date Incorporated or Qualified 02/28/1996	3a. Date of Last Report
4. FEI Number 65-0643420 APPLIED FOR	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ZINMAN, MARC
627 E. ATLANTIC BLVD
POMPANO BEACH FL 33061

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
FL

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 typed or printed name of registered agent and the incorporator (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	ZINMAN, MARC	
STREET ADDRESS	627 E. ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	ZINMAN, JACQUES	
STREET ADDRESS	627 E. ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZINMAN, LORI	
STREET ADDRESS	627 E. ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HALL, TERRI	
STREET ADDRESS	627 E. ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARC ZINMAN President 1/8/97 9549422663
SIGNATURE AND TITLE OF PERSON WHO SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)