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Jan 24 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 # F96000003439 (4)

1. Corporation Name
FIRST COMMERCIAL ASSETS MANAGEMENT INC.



Principal Place of Business
PO BOX 6
SYOSSET NY 11791

Mailing Address
PO BOX 6
SYOSSET NY 11791-0008

3. Date Incorporated or Qualified 07/08/1996
3a. Date of Last Report

2. Principal Place of Business
21 220 E. MADISON ST
2a. Mailing Address
26 P.O. Box 25295

4. FEI Number 44-3204190 11-3328336
Applied For Not Applicable

Suite, Apt #, etc
22 STE. 1207
27 Suite, Apt #, etc.

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

City & State
23 TAMPA, FL
28 TAMPA, FL

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

Zip Country
24 33602 USA
25 USA
29 33622 USA
30 USA

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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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: J. D. Jhaveri President
Signature by either partner name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 1/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JHAVERI, J D	1.2 NAME	
STREET ADDRESS	9 PALI HILL	1.3 STREET ADDRESS	
CITY-ST-ZIP	BANDRA BOMBAY 52 INDIA	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUPTA, P C	2.2 NAME	
STREET ADDRESS	07 ASHOK MARG	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAIPUR INDIA	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A-K-GOUIL	3.2 NAME	
STREET ADDRESS	220 E. MADISON ST., STE-1207	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: J. D. Jhaveri J. D. Jhaveri 1/17/97 813-307-0088
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)