FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	G29235
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SOUTH FLORIDA FINANCIAL CONSULTANTS, INC.

Frincip	al Flace of business
	UNIVERSITY DR #201
CORAL	SPRINGS FL 33065

Mailing Address

3200 N UNIVERSITY DR #201 CORAL SPRINGS FL 33065-4100

FILED

Jan 14 1997 8:00am Secretary of State

3. Date Incorporated or Qualified | 3a. Date of Last Report

					02/18/1983			
2. Principal P	lace of Business	2a. Mailing	Address		4. FEI Number	Applied For		
21	<u>نیم پینیسینست ریندری ۱۰۰ سویت</u>	26			<u>59-2271428</u>	Not Applicable		
Suite, Apt.	#, etc.	Suite, A	pt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & State	e ·	City & S	itate		6. Election Campaign Financing	\$5.00 May Be		
23	e e	28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	T	Country	8. This corporation has liability for	or intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes	Yes No		
	g. Name and Address of Currer	t Registered Ag	ent		10. Name and Address of New	Registered Agent		
ZION	I, JOSEPH S.			81 Name				
	W. SAMPLE RD SUITE 301		92 Street Ade	ress (P.O. Box Number is Not Accept				
CORAL SPRINGS,F L FL 33065						quenue_		
0011				83		· · · · · · · · · · · · · · · · · · ·		
					DIA SPINGS	<u>. </u>		
				84 City		FL 85 Zip Code フム		
## Curouspt	to the pre-visions of Sections 607.050	0 and 607 1600	Clarida Statutas	the state of the	OYA DHINRS poration submits this statement for the			
office or r	egistered agent, or both, in the State	of Florida, Such	change was auti	norized by the corpora	poration subtilits this statement for the kition's board of directors. I hereby acc	spot the appointment as registered		
agent. I a	m temiliar with, and accept the owing	ations of, Section	607.0505, Florid	a Statutes	*	100		
SIGNATURE		25		<u> </u>	210h	1/8/7/		
	Signal Property of the Signal of Sig		, (NOTE FI	egistered Agent signature reco	·	DATE PURE CT OP 2 IN 16		
12.	PST OFFICERS AN	DIMECIONS	DELETE	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12 Change Addition (
TITLE	* * .	_	Date is			inge in Acquion		
NAME	ZION, JOSEPH STEVEN		8	1.2 NAME		[
STREET ADDRESS	4951 NW 101 AVE.			1,3 STREET ADDRESS				
CITY - ST - ZIP	CORAL SPRINGS FL		100=0	1 4 CITY - ST - ZIP				
TITLE		L	DELETS	2.1 TITLE		Change L Addition		
NAME	•	· -		2.2 NAME				
STREET ADDRESS				2.3 STREET ADDRESS		}		
CITY - ST - ZIP				2. 4 CITY - ST - ZIF				
TITLE			DELETE	3.1 TITLE		Change		
NAME				3.2 MAME				
STREET ADDRESS				3.3 STREET ADDRESS		}		
CITY-ST-ZIP				3.4. CITY - ST - ZIP				
TITLE			DELETE	4.1 TITLE		Change Addition		
MAMS				4.2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP				4.4 CiTY • ST - ZIP		İ		
TITLE			DELETE	5.1 TITLE		Change Addition		
NAME		_		5.2 NAME				
STREET ACCIDESS				5.3 STREET ADDRESS				
	and the second second							
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST - ZIP 5.1 TITLE		Change Addition		
1	-					ا ۱۹۰۱۱ مان		
NAME				5.2 N4ME				
STREET ADDRESS				6.3 STREET ADDRESS				
CITY-ST-ZP	Ash about the Control of the Control	a total succession of		6.4 CITY - ST - ZIP	4 to 0 1 km 2 to 0 0 7 0 % 1 co 1	the 16 attention and 6 the state		
14. Ido hereby certify that the information supplied with this filling 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 cath; that it 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 applicable in Proceedings 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 er an attachment with an address.								