SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G74602

(5)

EDWARD WACKS, FINANCIAL CORPORATION

Mailing Address Principal Place of Business

C/O WACKS. KRUZEL & BRASS. PA 8181 W. BROWARD BLVD.. SUITE 350 PLANTATION FL 33324

C/O WACKS, KRUZEL & BRASS, PA 8181 W. BROWARD BLVD., SUITE 350 PLANTATION FL 33324

FILED 97 OCT -7 AM II: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2. Mailing Acticoss 4. FEI Number Mappled for						Date Incorporated or Qualified	3a. Date of Last F	Report
Suite, Apr. #, etc. Suite, Apr. #, etc.			·				05/01/1996	ji
SUID. Apt. 4, etc. 22 27 City & State 29 City & State 20 City		ace of Business	2a. Mailing Addre	ss		4. FEI Number		pplied For
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Zep Country Zep Country Zep B. This composation owner on the purpose of the current year Inlangible of Section Co.		•	City & State			6. Election Campaign Financing	\$5.00	May Be
28 29 29 30 Personal Property Tax doo June 50 Ves No								
S. Neme and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1818 W. BROWARD BLVD., SUITE 350 82 1818 W. BROWARD BLVD., SUITE 350 84 City 101/13/73 1818		Country	Zip	Count	у	B. This corporation owes or has pa-	d the current year In	tangible
RRIVZEL, DAVID M. 8181 W. BROWARD BLVD., SUITE 350 82 Street Address (P.O. Box Number is Not Acceptable)	24							
BIST W. BROWARD BLVD., SUITE 350 PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 BDDDDD2320718—8 84 City		9. Name and Address	of Current Registered Agent					
PLANTATION FL 33324 Bold	, KRL	jzel, david m.		8	l Name			
PLANTATION FL 33324 Bold	8181 W. BROWARD BLVD., SUITE 350				82 Street Address (P.O. Box Number is Not Accontable)			
STATE POWER STREET ADDRESS CTIV-S1-ZPP				10	Sirect Address (P.O. Box Number is Not Acceptable)			
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 agent, or both, in the State of Florida Statutes and the first of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE				8:	3			
The pursuant to the provisions of Socions 607 (3.07 and 607 14.08, Florids 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 Florids 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 Socion 607.0905, Florida Statutes. SIGNATURE Sample byted or printed rame of represent agent and title diapyticatie. INCIE hepatocal Agent segnature received when religitating) DATE	•				8000023207188			
The pursuant to the provisions of Socions 607 (3.07 and 607 14.08, Florids 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 Florids 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 Socion 607.0905, Florida Statutes. SIGNATURE Sample byted or printed rame of represent agent and title diapyticatie. INCIE hepatocal Agent segnature received when religitating) DATE	,			84	City	-10/15/3	7 L Z D	(Oblide
SIGNATURE Speakure byted or proted care of log-leved Appl and all the diapheatable (PAC)E Registered Appears signature trapped when reliability (DATE)	11. Pursuant t	o the provisions of Sections	s 607 0502 and 607 1508. Florida	Statutes the above	/e-namod co			territoria de la compansión de la compan
SIGNATURE 12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE SQUARME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE SQUARME STREET ADDRESS CITY-ST-ZP SQUARME SQUARME STREET ADDRESS CITY-ST-ZP SQUARME STREET ADDRESS CITY-ST-ZP SQUARME SQUARM	office or re	egistered agent, or both, in	the State of Florida, Such chang	o was authorized b	y the corpor	ation's board of directors. I hereby accep	t the appointment as	registered
12.		n tamiliar with, and accept	the obligations of, Section 607.05	505, Florida Statute	es.			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Constitution to the state of th	normalina do como españa martera por servicio en espera	tanka kana tan				
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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		y continue that the information	rungshed with this filing steen -			dis Castion 110 07/2/0 Florid- Out 1-	1 formation and a section of	117 V

Information indicated on this arrival 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.