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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H89199

(4)

THE FINANCIAL CENTER-FLORIDA WEST, INC.

| 28. Mailing Address 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 29. City & State 29. Country 29. Country 29. Suite Agent and Address of Current Registered Agent JOANOW, MANUEL A. 528 PINELLAS AVENUE, SOUTH TARPON SPRINGS FL 34689 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida Such change was subhorized by the corporation's board of direction of the provisions of Sections 607 0502. Section 607 0505, Florida Statutes. StGNATURE State bysic types of social superior and fille if applicable (NOTE: Registered Agent Signature required when reinstalling). | |
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| 2. Principal Place of Business 2a. Mailing Address 4. FEI Norm | |
| 2. Principal Place of Business | rporated or Qualified 3a. Date of Last Report 04/22/1996 |
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| 9. Name and Address of Current Registered Agent JOANOW, MANUEL A. 528 PINELLAS AVENUE, SOUTH TARPON SPRINGS FL 34689 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of dire agent. I am familiar with, and accept the official statutes. Signature required by the corporation's board of dire agent. I am familiar with, and accept the official statutes. SIGNATURE Such Printed providing agent, or both, in the State of Florida. Such change was authorized by the corporation's board of dire agent. I am familiar with, and accept the official and the displacation. (NOTE Registered Agent signature required when reinstaling). 12. OFFICE RS AND DIRECTORS 13. ADDITIONS 11.E DP DELETE 1.1 ITILE 1.2 NAME 1.110 SOUTH FLORIDA AVE 1.3 STREET ADDRESS CITY ST-2P TARPON SPRINGS FL 1.4 CITY ST-2P TARPON SPRINGS FL 2.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST-2P TARPON SPRINGS FL DELETE 3.1 TILE NAME STREET ADDRESS ACCITY ST-2P THE DELETE 4.1 TILE ALT | pration has liability for intangible tax under s. 199.032, |
| JOANOW, MANUEL A. 528 PINELLAS AVENUE, SOUTH TARPON SPRINGS FL 34689 81 | |
| \$28 PINELLAS AVENUE, SOUTH TARPON SPRINGS FL 34689 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of disagent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SUBJECT AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS III.E DP DP DELETE 1.1 TITLE JOANOW, MANUEL A. 1.2 NAME SIRRET ADDRESS CITY. ST. 2/P III.E DVS DELETE 1.4 CITY-ST-2/P TITLE JOANOW, ALEXANDER M 528 PINELLAS AVE SOUTH TARPON SPRINGS FL DELETE 1.1 TITLE 2.2 NAME 1.3 STREET ADDRESS CITY. ST. 2/P TITLE DVS DELETE 2.1 TITLE JOANOW, ALEXANDER M 528 PINELLAS AVE SOUTH TARPON SPRINGS FL DELETE 3.1 TITLE JOANOW, ST. 2/P TITLE DELETE 3.1 TITLE JOANOW, ST. 2/P TITLE DELETE 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY. ST. 2/P TITLE DELETE 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY. ST. 2/P TITLE DELETE 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY. ST. 2/P TITLE DELETE 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY. ST. 2/P TITLE DELETE 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY. ST. 2/P TITLE DELETE 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY. ST. 2/P TITLE DELETE 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY. ST. 2/P TITLE DELETE 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY. ST. 2/P TITLE DELETE 5.1 TITLE 5.2 NAME | d Address of New Registered Agent |
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| 12. | 2/28/57 |
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| TARPON SPRINGS FL | |
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| CITY-S1-7/P 6.4 CITY-S1-7/P | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by | (7(3)(i) Figure Statutes. I further certify that the |