

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K 59836**
 1. Corporation Name
PACIFIC FINANCIAL ASSOCIATES INC.

Principal Office Address Mailing Address
PO BOX 292667 PO BOX 292667
TAMPA FL 33687-2667 TAMPA FL 33687-2667
US US

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

3. Date Incorporated or Qualified **01/20/1989** 3a. Date of Last Report **04/25/1996**
 4. FEI Number **59-2928130** Applicable For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
McCANDREW, JOSEPH
320 W FLETCHER AVE
STE -110
TAMPA FL 33612

10. Name and Address of New Registered Agent
 61 Name **M.J. SMITH**
 62 Street Address (P.O. Box Number is Not Applicable) **6406 E FOWLER AVENUE SUITE A**
 63
 64 **TEMPLE TERRACE** **FL** 65 **33617**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing the 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 and accept the obligations of Section 607.0505, Florida Statutes.
 SIGNATURE *registered agent* **M.J. SMITH, REGISTERED AGENT** **04/28/97**

12. OFFICERS AND DIRECTORS

12.1 NAME	DPS	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	SMITH, M.J.	
12.3 CITY, ST, ZIP	320 W FLETCHER AVE/STE -110	
12.4 NAME	TAMPA FL	<input type="checkbox"/> DELETE
12.5 NAME		<input type="checkbox"/> DELETE
12.6 NAME		<input type="checkbox"/> DELETE
12.7 NAME		<input type="checkbox"/> DELETE
12.8 NAME		<input type="checkbox"/> DELETE
12.9 NAME		<input type="checkbox"/> DELETE
12.10 NAME		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13.1 TYPE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add New
13.2 NAME	SMITH, M.J.	
13.3 STREET ADDRESS	6406 E FOWLER AVENUE SUITE A	
13.4 CITY, ST, ZIP	TEMPLE TERRACE FL 33617	
13.5 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13.6 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13.7 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13.8 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13.9 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13.10 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New

600002182448
-05/19/97--01031--001
*****165.00**

AW 5-8-97

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I affirm under penalty of perjury that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall give the agent authority to execute this report as required by Chapter 607, Florida Statutes, and that the name appearing in Block 12 or Block 13 is changed, or is an attachment with an address.

SIGNATURE: *Director* **M.J. SMITH, DIRECTOR** **04/28/97** **NA**