FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K96408 FINANCE ADMINISTRATORS, INC.

(5)

FILED May 02 1997 8:00am Secretary of State



.Fancipal Flace	9 01 1005111055	IVI	ialing Address								
M HAROLD J. DYER 800 S. PARK RD. HOLLYWOOD FL 33021			% HAROLD J. DYER 200 S. PARK RD. HOLLYWOOD FL 33021-8592								
							3. Date Incorporated or Qualified				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	1		Applied	For
21			26				65-0129656		,	Not App	licable
Suite, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired			5 Addition Requires	
City & State	9		City & State				6. Election Campaign Financing		\$5.0	00 May I	 Be
23		28					Trust Fund Contribution			ed to Fee	
Zip	Country		Zip	Count	ountry		8. This corporation has liability for in	ntangible t	ax unde	r s. 199.0	032,
24	25	29		30		Florida Statutes					
	9. Name and Address of Curre	nt Regis	stered Agent				10. Name and Address of New Reg	istered A	gent		
	r, harold s.			8	31	Name					
200 S PARK RD HOLLYWOOD FL 33021				82 Street Ad			ldress (P.O. Box Number is Not Acceptable)				
				8	33						
				8	34	City		FL	85 Z	ip Code	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 6 le of Flori gations o	607.1508, Florida Statu ida. Such change was of, Section 607.0505, F	utes, the abo authorized l lorida Statut	by tes.	named corp hic corporati	oration submits this statement for the pion's board of directors. I hereby accep		changin inlment	g its regi as regist	istered tered
SIGNATURE	Signature, typed or printed name of registered a		e grandrate	ste distributed a			ed when reinstating)	DATE			
12.	OFFICERS A			13.	чдегч	s granure require	ADDITIONS/CHANGES TO OFFIC		DIRECT	OBS IN	12
TITLE	DP OTTOCKO A	VEZ IZITIE.	☐ DELETE	11 1111			7.007.101.01.01.01.00.00		Chang		Addition
NAME	DYER, HAROLD J.			1 2 NAM	18						
STREET ADDRESS	200 S PARK RD, STE 400			1 9 STHE	EET AI	DDRESS					
CITY-ST-ZIP	HOLLYWOOD FL			14 CITY		i					
TITLE	D		DELETE	21 1HLE	E				Chang	je 🔲	Addition
NAME	HAGUE, JORD C.			22 NAM	1E						
STREET ADDRESS	200 S PARK RD, STE 400			2 A STRE	EFT A	DDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021			2 4 City	Y · ST	- ZIP	•				
TITLE		*	☐ DFLETE	3 1 TITLE	E				Chang	je 🔲	Addition
NAME				32 NAM	4E						
STREET ADDRESS				3.8 STRE	EFT A	DDRESS					
CITY-ST-ZIP				3.4. CITY	Y-ST	- ZIP					
TITLE	i		DELETE	4.1 TITLE	E				Chan	ge 🔲	Addition
NAME	<i>)</i>			4. 2 NAM	ME						
STREET ADDRESS				4.3 STRE	EFT A	DDRESS					
CITY-ST-ZIP				4.4 CITY	/- \$T-	7F					
TITLE			DELETE	5.1 TITUE	E				Chan	ge 🔲	Addition
NAME				5.2 NAM	AE.						
STREET ADORESS				5.3 \$TRE	EF1 A	DDRESS					
CITY-ST-ZIP				5.4 CITY	/-ST-	ZIP					
TÍTĻE			DELETE	6.1 11118	E.				Chan	ge 🔲	Addition
NAME				6.2 NAM	A E						
STREET ADDRESS				6.3 S1RE	ELT A	DORESS					
CITY-ST-7IP				64 00 Y	/ · \$1 -	ZIP					

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 control of the receiver of trustee empowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 it thanged, or on an attachment bith an address.