

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 AUG 23 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002378 (8)**

1. Corporation Name

FLORIDA ASSET MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O HOLLAND & KNIGHT/THERESA MCLAUGHLIN
ONE E BROWARD BLVD
FT LAUDERDALE FL 33301-4811

C/O HOLLAND & KNIGHT/THERESA MCLAUGHLIN
ONE E BROWARD BLVD
FT LAUDERDALE FL 33301-4811

3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 02/08/1995
4. FEI Number 65-0411948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLAUGHLIN, THERESA M
C/O HOLLAND & KNIGHT
ONE E BROWARD BLVD
FT LAUDERDALE FL 33301-4811

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

100001532321
-08/27/96-01101-000
***245.0FL 11 245.00

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 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 Florida. 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, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BRENNER, SCOTT F	1.2 NAME	
STREET ADDRESS	3195 N POWERLINE RD #104	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH FL 33069	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, MICHAEL A.	2.2 NAME	
STREET ADDRESS	927 CLINT MOORE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, THERESA M	3.2 NAME	
STREET ADDRESS	ONE E BROWARD BLVD #1300	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Alan Holbrook
STREET ADDRESS		4.3 STREET ADDRESS	2601 S Bay Shore Dr. #1708
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami FL 33133
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Marcus Buerosse
STREET ADDRESS		5.3 STREET ADDRESS	Barnett Bank 801 E Hallandale
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bch Blvd. 2nd floor
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Hallandale, FL 33009. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	4486
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/96 954
525-1000
Daytime Phone #

CR2E037 (3/96)