

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001397

1. Corporation Name
BANKAMERICA STOCKHOLDERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

1601 E HALLANDALE BCH BLVD
APT 5
HALLANDALE FL 33009
407

P-67838-64
HALLANDALE FL 33009

2. Principal Place of Business 2a. Mailing Address

21 1749 G. Hallandale Beach 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Blvd #275 27

City & State City & State

23 Hallandale FL 23

Zip Country Zip Country

24 33009 25 3 29 30

9. Name and Address of Current Registered Agent

~~XXXXXXXXXX~~
1749 E HALLANDALE BEACH BLVD #275
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name IRISH FISH

82 Street Address (P.O. Box Number is Not Acceptable)
1749 G. HALLANDALE BEACH BLVD #275

83

84 City HALLANDALE FL 85 Zip Code 33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 IRISH FISH [Signature] DATE 1/13/99

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	XXXXXXXXXX <input checked="" type="checkbox"/> DELETE
NAME	XXXXXXXXXX
STREET ADDRESS	1501 E HALLANDALE BCH BLVD., #275
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WEINSTEIN, STEVE
STREET ADDRESS	1501 E HALLANDALE BCH BLVD., #275
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FISH, IRISH
STREET ADDRESS	1501 E HALLANDALE BCH BLVD., #275
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Fisher, Jacob
STREET ADDRESS	1749 E Hallandale Beach Blvd #275
CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

260
3/24/99

14. I 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 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, with all other like empowered.

SIGNATURE: IRISH FISH SIGNATURE IRISH FISH DATE 1/13/99 954-445-1000

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #

FILED
99 MAR 24 AM 9:34
99-24-1999 90081 048 ****61.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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