

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # N95000001397

1. Corporation Name

BANKAMERICA STOCKHOLDERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 28 AM 7:28

Principal Place of Business: 1601 E HALLANDALE BCH BLVD #275 HALLANDALE FL 33009 US
Mailing Address: P O BOX 64 HALLANDALE FL 33008



2. Principal Place of Business: 1749 G. Hallandale Beach
2a. Mailing Address: P. O. Box 64
3. Date Incorporated or Qualified: 03/23/1995
4. FEI Number: 52-2117937
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: 1749 E HALLANDALE BEACH BLVD #275 HALLANDALE FL 33009
10. Name and Address of New Registered Agent: IRISH FISH, 1749 G. HALLANDALE BEACH BLVD #280, HALLANDALE FL 33009

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input checked="" type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	70000341553	
NAME: XXXXXXXXXX	1.2 NAME	-10/25/00-010000024	
STREET ADDRESS: 1501 E HALLANDALE BCH BLVD, #275 HALLANDALE FL	1.3 STREET ADDRESS	***\$61.25***	
CITY-ST-ZIP: HALLANDALE FL	1.4 CITY-ST-ZIP	***\$61.25***	
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE		
NAME: WEINSTEIN, STEVE	2.2 NAME		
STREET ADDRESS: 1749 E HALLANDALE BCH BLVD., #280 HALLANDALE FL	2.3 STREET ADDRESS		
CITY-ST-ZIP: HALLANDALE FL	2.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: FISH, IRISH	3.2 NAME		
STREET ADDRESS: 1749 E HALLANDALE BCH BLVD., #280 HALLANDALE FL	3.3 STREET ADDRESS		
CITY-ST-ZIP: HALLANDALE FL	3.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: Tim Flowers	4.2 NAME		
STREET ADDRESS: 1749 E HALLANDALE BCH Blvd #280 HALLANDALE FL	4.3 STREET ADDRESS		
CITY-ST-ZIP: HALLANDALE FL	4.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	5.2 NAME		
STREET ADDRESS:	5.3 STREET ADDRESS		
CITY-ST-ZIP:	5.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	6.2 NAME		
STREET ADDRESS:	6.3 STREET ADDRESS		
CITY-ST-ZIP:	6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Date: 4/22/00

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