

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90199 002 ***150.00

DOCUMENT # P40092

1. Corporation Name
FINANCIAL ASSET MANAGEMENT CORPORATION



Principal Place of Business
220 FIFTH AVE
13TH
NEW YORK NY 10001
US

Mailing Address
220 FIFTH AVE
13TH
NEW YORK NY 10001
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1 West 34th St.
Suite, Apt. #, etc.
22 Suite 1203
City & State
23 NY NY
Zip Country
24 10001 25 USA

2a. Mailing Address
26 1 West 34th St.
Suite, Apt. #, etc.
27 Suite 1203
City & State
28 NY NY
Zip Country
29 10001 30 USA

3. Date Incorporated or Qualified
08/18/1992

4. FEI Number
11-2786410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHERRY, SEAN
1201 US HIGHWAY 1 STE 400
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7108 Fairway Drive Ste 220
83
84 City
Palm Beach Gardens FL 85 Zip Code
33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE PVS ☐ DELETE
NAME KAHAN, SCOTT
STREET ADDRESS 220 FIFTH AVE
CITY-ST-ZIP NEW YORK NY

TITLE TD ☐ DELETE
NAME KAHAN, SCOTT
STREET ADDRESS 220 FIFTH AVE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1 West 34th St. Ste. 1203
1.4 CITY-ST-ZIP NY, NY 10001

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1 West 34th St Ste 1203
2.4 CITY-ST-ZIP NY, NY 10001

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Scott M. Kahan, President 4/24/99 212/239-7777

CR2E034 (11/98)

000377: