FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # P93000033047 (0)

SANGE AND TOP OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FINANCIAL COORDINATORS, INC.

Principal Place of	of Business	Mailing Address	Address				URAH UBAH MARI M			
5480-ALTON MIAMI-BEACH		5429 ALTON ROAD- MIARR BEACH FL 33			,					
10350	61 72184	SAME			3. Date incorporated or Qualified 05/04/1993	3a. Date of Last Report 07/31/1995				
11 17 A M L Stack 3 26						65-0417406				7
Suite, Apt. #, etc. Suite Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Ζφ	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 2. Yes No				
!4	9 Name and Address of Curre	29 Annt Registered Agent	[30]	1		10. Name and Address of New R		it		1
	g. Halle allu Address of Curr	the registered register		81	Name		<u> </u>			1
FIGURE	0 B					(D.O. Day N. parker in Not Apportable	(a)			-
FICKLE,	TON ROAD			82	Street Address (P.O. Box Number is Not Acceptable)					
			83						7	
MIPWI DI	EACH FL 33140						85	.T 710	Code	-
				84	City		FL ∣°`	7	Coac	
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fix n, and accept the obligations of, Se 3. FICKUE Separate typetor professional adventised as	rida, Such change was author, chun 607.0505, Florida Statute	zed by the : s.	corpor	ation's Lica	ration submits this statement for the pur of of directors. I hereby accept the appo	DATE		gent rain	
12.		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND DIR] 6/2
TITLE	P	☐ DELÉ IŁ	111	1 1 Tille			□ Cr	ange	Addition	CR2E034 (12/95)
NAME	FICKLE, O. B	CKLE, O. B		IAME	1					8
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NAME			421	4.2 NAME						ļ
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STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	C OCUTE			5.4 C-TY - ST - ZIP				hange	Addition	
TITLE	DELETE.			HITLE NIAME			L ·	gir		
NAME			1	NAME	AUUREGS					
STREET ADDRESS					ADDRESS					
14. Udo hereb	I governity that the information supply	ed with this filing is voluntarily fo		d does		for the exemption stated in Section 119	I.07(3)(k), Florida	Statute	as I further	\dashv
certify that oath; that appears in	t the information indicated on this a Lam an officer of director of the co Block 12 of Flock 13 if changed.	nnual report or supplemental a reporation or the receiver of trus or on an attachment with an ac	nnual report itee en ipow idress.	t is true ered t	e and accu o execute t	ror the exemption state of section 11st rate and that my signature shall have the his report as required by Chapter 607, F	e same legal effe lorida Statutes:	ct as if and tha	niade under It my nanie	