SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9300058808 (5) FI ASSOCIATES, INC.					
Principal Place of Business	Maring Address			-	
2268 SE HARRISON ST	2268 SE HARRISON ST	== *= ····			
STUART FL 34997	STUART FL 34997			3. Date incorporated or Qualified	3a. Date of Last Report
				08/23/1993	08/11/1995
2. Principal Place of Business 2a. Mailing Address 26				4. FEI Number 65-0438764	Applied For Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zio	Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199 032.	
25	29	30		Florida Statutes 10. Name and Address of New Re	Yes No
9. Name and Address of BROWN, RICHARD E JR	Current Registered Agent	81	Name	ig. Name and Address of New York	giotorea Agent
2268 SE HARRISON ST		82 Street Addr		ress (P.O. Box Number is Not Acceptable)	
STUART FL 34997		83			
		84	City		FL 85 Zip Code
SIGNATURE Signature typed or profestican coffee.	ERS AND DIRECTORS DELETE			ed when (costal (g)) ADDITIONS/CHANGES TO OFFI	OATE
STREET ADDRESS 2268 SE HARRISON ST		1 3 STREET ADDRESS			
CITY-ST-ZIP STUART FL 34997	DELETE	14 CITY - 21 TITLE	SI-ZIP		Change Addition
NAME		2.2 NAME	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP	ST-ZIP		- ST - ZIP		Change Addition
TITLE DELETE		3 1 TITLE 3 2 NAME 3 3 STREFT ADDRESS			Change Addition
STREET ADDRESS CITY-SI-ZiP			-ST-ZIP		
TITLE DELETE NAME STREET ADDRESS		4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS			Change Addition
CITY-ST-ZIP	DELETE	4.4 CITY -			Change Addition
TITLE NAME	["] DETELE	5 1 TITLE 5 2 NAME	1		
STREET ADDRESS			FT ADDRESS		
CITY-S1-ZIP	DELETE	DELETE 61 TITLE			Change Addit on
NAME		6 2 NAME			
STREET ADDRESS DITY-ST-ZIP		6.4 CITY	ST-ZIP		
14. I do hereby cerufy that the information further certify that the information indimade under oath, that I am an officer that my page approars in Block 12 or	cated on this annual report or supplement of director of the corporation or the rec Block 13 if changed, or on an lattachine	urnished and ental annual eiver or trus nt with an ac	i does not qua report is true tee empowere idress	and accurate and that my signature si ed to execute this report as required by	Chapter 617, Florida Statutes, and
SIGNATURE: JALAU SIGNATURE AN	DI STOM	RICHA!	ed E.	BRIND, DK. 6/18/96	(407) 288 - 0694