


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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000079018 (6)  
1. Corporation Name

FINANCIAL SOLUTIONS OF AMERICA INC.



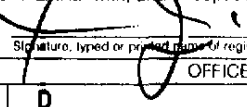
Principal Place of Business 1250 EAU GALLE BLVD. SUITE D MELBOURNE FL 32935-5386 US	Mailing Address 1250 EAU GALLE BLVD. SUITE D MELBOURNE FL 32935-5386 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1301 EAU GALLE BLVD Suite, Apt. #, etc. #106 City & State 23 32935 Country		2a. Mailing Address 26 1301 EAU GALLE BLVD Suite, Apt. #, etc. #106 City & State 28 32935 Country		3. Date Incorporated or Qualified 11/04/1993	
4. FEI Number 59-3213063		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JONES, RICHARD O 1250 EAU GALLE BLVD. STE. J MELBOURNE FL 32935		10. Name and Address of New Registered Agent 81 Name JERRY E MCCOY 82 Street Address (P.O. Box Number is Not Acceptable) 1301 EAU GALLE BLVD #106 83 84 City MELBOURNE FL 85 Zip Code 32935			
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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  DATE 1/14/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MCCOY, JERRY E STREET ADDRESS 1250 EAU GALLE BLVD., SUITE D CITY-ST-ZIP MELBOURNE FL 32935-5386	<input type="checkbox"/> DELETE	1.1 TITLE DP 1.2 NAME 1.3 STREET ADDRESS 1301 EAU GALLE BLVD #106 1.4 CITY-ST-ZIP 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE  DATE JAN 13 1998 607-255-0201

CR2E034 (10/97)