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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DOCUMENT # P93000088769

1. Corporation Name

FINANCIAL ACCESS, INC.

I MANOIAL AGGLOG, ING.						
Principal Place of Business	Mailing Address			i i de la company de la compan		
2500 MILITARY TRIL SUITE 235 BOCA RATON FL 33431	2500 MILITARY TRIL SUITE 235 BOCA RATON FL 33431			DO NOT WRITE IN THI	S SPAC	E
US	US			3. Date Incorporated or Qualifed 12/30/1993		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	L	Applied For
21	26			65-0462419		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		_	5. Certifcate of Status Desired	-	. 75 Additional ee Required
City & State	28			- 6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip Country		intry		This corporation owes the current year learners on the Personal Property Tax.	ntangible	
9. Name and Address of Cu	rrent Registered Agent	I		10. Name and Address of New Registered	d Agent	
DELUCA, BRUCE		81	Name			
2500 MILITARY TRAIL		82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
SUITE 235 BOCA RATON FL 33431		83				·
		84	City	F		Zip Code
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S agent. I am familiar with, and accept the of 	.0502 and 607.1508, Florida Statutes, the a tate of Florida. Such change was authorized bligations of, Section 607.0505, Florida Stat	yd t	the corporation	ation submits this statement for the purpose of sound of directors. I hereby accept the app	of changi ointment	ng its registered as registered

DIVISION OF CORPORATIONS

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	tegistered Agent signature re	quired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DELUCA, BRUCE	1.2 NAME	
STREET ADDRESS	2500 MILITARY TRAIL, #235	1.3 STREET ADDRESS	•
CiTY-ST-ZIP	BOCA RATON FL	1,4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADORESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	e <u>e e e e e e e e e e e e e e e e e e </u>	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	, DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	•	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME (5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	, a	6.2 NAME	
STREET ADDRESS	•	6.3 STREET ADDRESS	•
C/TY-ST-ZIP		6.4 CITY-ST-ZIP	Control (40 07/0)() Florida Chabana Embara and Embara has information

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 informatic 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, with all other like empowered.

SIGNATURE:

SIGN

Daytime Phone #