

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

FILED  
May 12 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P94000027672 (2)**

1. Corporation Name

**FINANCIAL ASSET CONSULTING SERVICES, INC.**

Principal Place of Business

Mailing Address

**660 SHILOH TERRACE  
DAVIE FL 33325**

**660 SHILOH TERRACE  
DAVIE FL 33325**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/08/1994**

4. FEI Number

**65-0481962**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

|                        |                        |
|------------------------|------------------------|
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State        | 27 City & State        |
| 23 Zip                 | 28 Country             |
| 24 Zip                 | 29 Country             |
| 25                     | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEFANELLI, MICHELE  
660 SHILOH TERRACE  
DAVIE FL 33325**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |                                 |                     |   |
|-----------------|----------------------------|---------------------------------|---------------------|---|
| TITLE           | <b>PD</b>                  | <input type="checkbox"/> DELETE | 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | <b>STEFANELLI, MICHELE</b> |                                 | 1.2 NAME            |   |
| STREET ADDRESS  | <b>660 SHILOH TERRACE</b>  |                                 | 1.3 STREET ADDRESS  |   |
| CITY - ST - ZIP | <b>DAVIE FL</b>            |                                 | 1.4 CITY - ST - ZIP |   |
| TITLE           |                            | <input type="checkbox"/> DELETE | 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                            |                                 | 2.2 NAME            |   |
| STREET ADDRESS  |                            |                                 | 2.3 STREET ADDRESS  |   |
| CITY - ST - ZIP |                            |                                 | 2.4 CITY - ST - ZIP |   |
| TITLE           |                            | <input type="checkbox"/> DELETE | 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                            |                                 | 3.2 NAME            |   |
| STREET ADDRESS  |                            |                                 | 3.3 STREET ADDRESS  |   |
| CITY - ST - ZIP |                            |                                 | 3.4 CITY - ST - ZIP |   |
| TITLE           |                            | <input type="checkbox"/> DELETE | 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                            |                                 | 4.2 NAME            |   |
| STREET ADDRESS  |                            |                                 | 4.3 STREET ADDRESS  |   |
| CITY - ST - ZIP |                            |                                 | 4.4 CITY - ST - ZIP |   |
| TITLE           |                            | <input type="checkbox"/> DELETE | 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                            |                                 | 5.2 NAME            |   |
| STREET ADDRESS  |                            |                                 | 5.3 STREET ADDRESS  |   |
| CITY - ST - ZIP |                            |                                 | 5.4 CITY - ST - ZIP |   |
| TITLE           |                            | <input type="checkbox"/> DELETE | 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                            |                                 | 6.2 NAME            |   |
| STREET ADDRESS  |                            |                                 | 6.3 STREET ADDRESS  |   |
| CITY - ST - ZIP |                            |                                 | 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 on an attachment with an address.

SIGNATURE:

*Michele Stefanelli*

4/24/98

305-557-0303

CP2E034 (10/97)