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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000032838 (2) **DOCUMENT #**

1. Corporation HOME	Name EBUYERS' FINANCIAL CO	RPORATI	ON (-	-,						
Principal Place of Business Mailing Address							T (ODISTOR ALL IOLI) ODIN DI		818 9 1414 1480 18	100 (1101 1811 1881
4400 WEST SAMPLE ROAD STE. 200 SUITE 142			4400 WEST SAMPLE ROAD STE. 200 SUITE 142							
US	CREEK FL 33073	_	COCONUT CREEK FL 33073 US			3. Date Incorporated or Qualified 05/02/1994	02/06/1995			
2. Principal Pla 21	ce of Business	2a. M.	a. Mailing Address			4. FEI Number 65-0482222	Applied For Not Applicable			
Suite, Apt. #	, etc.	27 St	Suite, Apt. #, etc. 27			5. Certificate of Status Desired See Required Fee Required				
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	, ·		7ip 30		try		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
1	9. Name and Address of Curre	nt Register	ed Agent				10. Name and Address of New F	legister	ed Agent	
				1	81	Name				
	NBERG, MICHAEL			1	B2	Street Ac	ddress (P.O. Box Number is Not Acceptat	ole)		
4400 W. SAMPLE ROAD SUITE 200				1	В3					
COCONUT CREEK FL 33073			-	84	City			85 Zu	o Code	
						,	orporation submits this statement for the purpose of changing its registered office			
11. Pursuant t or register familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Se)2 and 607.1 rida. Such ch stion 607.05/	508, Florida Statut lange was authoriz 05, Florida Statutes	es, the abov red by the co s.	e-n orpo	amed corporation's b	poration submits this statement for the pulporal of directors. I hereby accept the app	rpose oi ointmeni	t as registered	agent. I am
SIGNATURE _	Signature, typed or printed manie of registered ago	or and title if any t	izatik. NO	DIE Registered A	Ageni	t signature rec	uired when re-estating)	DAT		.,
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFF	ICERS A		
TITLE	PD		DELFIE	1.110	LE				Change	☐ Addition
NAME	GREENBERG, MICHAEL			1.2 NA	ME					
STREET ADDRESS	4400 WEST SAMPLE ROA	ad suite :) SUITE 200 13			ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL			1.4 CH		1-ZIP			Change	Addition
TITLE	Y		DELETE	2.1111			POSIN, HARRY	,	Change	☐ Yearron
NAME	1 00111, 11/11111			2 2 NA			POSTIN, MARK	•		
STREET ADDRESS 4400 WEST SAMPLE ROAD			SUITE 200			ADDRESS				
CITY-ST-7IP	COCONUT CREEK FL		DELETE	24 C/T 3 1 T/F	_	1-ZIP			[] Change	[] Addition
TITLE	DIANZ DECIMA			3.2 NA		1				
NAME	BLANZ, REGINA 4400 WEST SAMPLE RO	AD QUITE	142			1 ADDRESS				
STREET ADDRESS	COCONUT CREEK FL	AU 3011E	174	3.4 CI						
CITY-ST-ZIP	TS		DELETE	4, 1 Ti		11-20			Change	Addition
TITLE NAME	RODGERS, FRANK		FI Steers	4.2 NA			7000018	1.4.	-	
STREET ADDRESS	4400 WEST SAMPLE RO	AD SUITE	200			ADDRESS	-05/09/9601	11 T	-009	
CITY-ST-ZIP	COCONUT CREEK FL					51 - ZIP	***200.00	OIO.	000	
TITLE	D D		DELETE	5. 1 TI			*************************************		☐ Change	☐ Addition
NAME	GREENBERG, ROGER			5 2 NA	M.E					
STREET ADDRESS	4400 WEST SAMPLE RO	AD SUITE	200	5 3 ST	REET	ADDRESS			·• ·	
CITY-ST-ZIP	COCONUT CREEK FL			5.4 CI	1Y-5	ST - ZIP				12
TITLE	D		DELETE	6 1 T	ITLE				☐ Chang	V □ Addition → 9 E
NAME	GREENBERG, DANIEL			6.2 N ⁴	AME				Ų,	1 بر
SYREET ADDRESS	4400 WEST SAMPLE RO	AD SUITE	200	6.3 \$1	REET	1 ADDRESS			اسرك	~91
OIT TO VITO	COCONUT CREEK FI			640	IY~!	ST-7IF				1 6

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Elerida 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 air attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Despine Priorite #

CR2E034 (12/95)