

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P94000053261 (1)

1. Corporation Name

ADVANTAGE FINANCIAL ASSOCIATES, INC.

Principal Place of Business

C/O SHEILA D. PATTERSON
12555 BISCAYNE BLVD., SUITE 705
N. MIAMI FL 33181-2597

Mailing Address

C/O SHEILA D. PATTERSON
12555 BISCAYNE BLVD., SUITE 705
N. MIAMI FL 33181-2522

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PATTERSON, SHEILA D
12555 BISCAYNE BLVD.
SUITE 705
N. MIAMI FL 33181-2597

3. Date Incorporated or Qualified

07/15/1994

3a. Date of Last Report

09/30/1996

4. FEI Number

65-0509702

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 is applicable.

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1.2 PATTERSON, CLARENCE P
1175 NE MIAMI GARDENS DRIVE #403E
NORTH MIAMI BEACH FL

☐ DELETE

1.3 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

1.4 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

1.5 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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1.6 TITLE
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CITY- ST- ZIP

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1.7 TITLE
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1.12 TITLE
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1.13 TITLE
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1.14 TITLE
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CITY- ST- ZIP

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1.15 TITLE
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STREET ADDRESS
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1.17 TITLE
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1.18 TITLE
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STREET ADDRESS
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1.19 TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

1.20 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change

☐ Addition

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY- ST- ZIP

☐ Change

☐ Addition

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY- ST- ZIP

☐ Change

☐ Addition

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY- ST- ZIP

☐ Change

☐ Addition

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY- ST- ZIP

☐ Change

☐ Addition

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY- ST- ZIP

☐ Change

☐ Addition

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY- ST- ZIP

☐ Change

☐ Addition

13.1 TITLE
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13.4 CITY- ST- ZIP

☐ Change

☐ Addition

14.1 TITLE
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14.4 CITY- ST- ZIP

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☐ Addition

15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
15.4 CITY- ST- ZIP

☐ Change

☐ Addition

16.1 TITLE
16.2 NAME
16.3 STREET ADDRESS
16.4 CITY- ST- ZIP

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☐ Addition

17.1 TITLE
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17.3 STREET ADDRESS
17.4 CITY- ST- ZIP

☐ Change

☐ Addition

18.1 TITLE
18.2 NAME
18.3 STREET ADDRESS
18.4 CITY- ST- ZIP

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☐ Addition

19.1 TITLE
19.2 NAME
19.3 STREET ADDRESS
19.4 CITY- ST- ZIP

☐ Change

☐ Addition

20.1 TITLE
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20.3 STREET ADDRESS
20.4 CITY- ST- ZIP

☐ Change

☐ Addition

21.1 TITLE
21.2 NAME
21.3 STREET ADDRESS
21.4 CITY- ST- ZIP

☐ Change

☐ Addition

22.1 TITLE
22.2 NAME
22.3 STREET ADDRESS
22.4 CITY- ST- ZIP

☐ Change

☐ Addition

23.1 TITLE
23.2 NAME
23.3 STREET ADDRESS
23.4 CITY- ST- ZIP

☐ Change

☐ Addition

24.1 TITLE
24.2 NAME
24.3 STREET ADDRESS
24.4 CITY- ST- ZIP

☐ Change

☐ Addition

14. I do 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:

Clarence P. Patterson (CLARENCE P. PATTERSON) 4-29-97 (954) 982-7417

CR2E034 (9/96)