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

Mailing Address

301 YAMATO RD

PROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P94000082191

Principal Place of Business

301 YAMATO ROAD

750 FINANCIAL ASSOCIATES, INC.

SUITE 3101		SUITE 3101 BOCA RATON FL 33431						DO NOT WRITE IN THIS SPACE					
BOCA RATON FL 33431 US			US					3. Date Incorporated or Qualifed					
	•							11/09/1994					
2 Principal Pl	ace of Business	2a.	Mailing Addre	ess				4. FEI Number		. 1	App	lied For	
2: · · · · · · · · · · · · · · · · · · ·		26	•					65-0604650			Not	Applicable	
Suite, Apt.	# etc	1201	Suite, Apt. #,	etc.						\$8	.75 A	dditional	
22			27					5. Certifcate of Status Desire	ed 🗌	F	ee Rec	uired	
City & State	9	<del> </del> -	City & State				•	6. Election Campaign Finan	cina	\$:	5.00 r	May Be	
23		28						Trust Fund Contribution	Cilia 🗆		dded to		
Zip	Country	1	Zip		Country			8. This corporation owes the	current year	Intangible	•		
24	25	29		30	Ì			Personal Property Tax.		Ye	s l	□No	
7.1	9. Name and Address of Current	Regis	stered Agent					10. Name and Address of N	lew Register	ed Agent			
					81	Nar	ne						
KIRSCHNER, MITCHELL B					82	Stre	et Addre	ss (P.O. Box Number is Not Ac	centable)			· <del>-</del>	
2101 CORPORATE BLVD NW						0	MIGOLINATIONS (F.O. DON HAMING) IN PROCEEDINGS						
#300							,						
BOCA RATON FL 33431					L.	C:4:				85	Zip C	ode	
					84	City			F	FL  °°	Zip O	ode	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florid	da Statutes, 1	the above	-nam	ed corpo	ration submits this statement for	r the purpose	of chang	ing its r	egistered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	ot Floric	da. Such chan	ge was autho	orizea by	the co	orporation	n's board of directors. I hereby	accept the ap	pointmen	as reg	istered	
=		0113 01	, Obcilon Gor.c	7000, i iolida	Otatatoo	•							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register							re required	when reinstating)	DATE				
12.	OFFICERS ANI				13.			ADDITIONS/CHANGES TO	OFFICERS				
TITLE	DP		□ DE	ELETE	1.1 TITLE		V	P		□c	hange	Addition	
NAME	STOLTZ, MORRIS L II				1.2 NAME		1Ra	ulph Reicher	Shown	<b>^</b>			
STREET ADDRESS	301 YAMATO RD., SUITE 3101			1.3 STREET ADDRESS		SS 20	) Yamato Ro		# 31	01			
CITY-ST-ZIP	BOCA RATON FL					1.4 CITY-ST-ZIP		oca Rotton, F	i 3343	31			
TITLE			10	ELETE	2.1 TITLE		VP	•		□c	nange	Addition	
NAME					2.2 NAME		cn	aries Johnson		<b>.</b>			
STREET ADDRESS					2.3 STREET	ADDRI	ss 30	iyamato Rd	Suite	ZIÓI			
CITY-ST-ZIP					2. 4 CITY-5	T-ZIP	73	iyamato Rd	: 38 <u>-</u>	<u> 131                                   </u>			
TITLE				ELETE	3.1 TITLE						hange	☐ Addition	
NAME					3.2 NAME								
STREET ADDRESS					3.3 STREE	ADDRI	ss						
CITY-ST-ZIP					3.4. CITY- S	T-ZIP							
TITLE '			□ DI	ELETE	4.1 TITLE						hange	☐ Addition	
NAME			-		4.2 NAME								
STREET ADDRESS					4.3 STREE	ADDRI	ss						
CITY-ST-ZIP					4.4 CITY-S	T- ZIP							
TITLE			□ DI	ELETE	5.1 TITLE					□c	hange	☐ Addition	
NAME					5.2 NAME								
STREET ADDRESS					5.3 STREE	ADDR	ss						
CITY-ST-ZIP					5.4 CITY-S	T-ZIP							
TITLE				ELETE	6.1 TITLE			· . <del></del>	_		hange	☐ Addition	
NAME					6.2 NAME		1						
STREET ADDRESS					6.3 STREE	( ADDRI	SS						
CITY-ST-ZIP					6.4 CITY-S	T-ZIP		•					
CITT-31-LIF								440 07/3\/(i) Florida Stat		contify the		, ,,	

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 peport 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 the empowered.

SIGNATURE:

**FILED** 

May 04, 1999 8:00 am Secretary of State

05-04-1999 90109 008 \*\*\*150.00