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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000051582	(1)
Cornoration Name		, ,

FINAN	CIAL & BUSINESS ASSOC	IATES, INC.		
Principal Place	of Business	Maling Address) (60)(60) HE (6)(1 20)(
701 BOUGH CLEARWATEI		701 BOUGH AVENUE CLEARWATER FL 340		
• • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualified 3a. Date of Last Report 7/3/96
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		Not Applicable S8.75 Additional
Suite, Apt. f	≠, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Ζιρ	Country	Zqo	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	ili negistered Agent	81 Na	ame
THE I A	W FIRM OF LAWRENCE J SPIE	GEL CHRTD		reet Address (P.O. Box Number is Not Acceptable)
	MERIA AVENUE	OLE OTHER	82 Str	reet Address (F.O. Box Number is Not Acceptable)
	GABLES FL 33134		83	
			84 Cit	ty FL 85 Zip Code
44 6	a No are injure of Contract 607 050	12 and 607 1509 Florida Stati	tee the above name	ad earnoyation subrints this statement for the numose of changing its registered office
or recetor	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such chance was author	ized by the corporatio	ion's board of directors. Thereby accept the appointment as registered agent. I am
	th, and accept the obligations or, Sec.	Juga par Joses, Fienda Statut	15.	
SIGNATURE .	Signature, typical or perited name of registered age	fund the dapplication 0	OTE Hagistered Agent signa	iative respired year menetaring DATE
12.		VE) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 Change Addition
TITLE	PSD	DELETE	1 1 TITLE	E Grange E Address
NAME	JESKEY, JOSEPH		1.2 NAME	pecc
STREET ADDRESS	701 BOUGH AVENUE CLEARWATER FL 34620		1 3 STREET ADOR	
CITY-ST ZIP	TD	DELETE	2 1 TILE	Change Addition
NAME	JESKEY, ILLONA		2.2 NAME	
STREET ADDRESS	701 BOUGH AVENUE		2.3 STREET ADDR	RESS
CITY - ST - ZIP	CLEARWATER FL 34620		2.4 CHY - \$1 - ZIP	9
TITLE		DELETE	3 1 TIT⊑E	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDI	DRESS
CITY - ST - ZIP			3.4 CITY - S1 - ZIP	
TITLE		DETEIR	4 1 T TLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4 3 STREET ADD	
City-ST-ZiP		C DELLE	4.4 CHY - ST - ZIP	Change Addition
TITLE		DELETE	S 1 TITLE	U onange D Addition
NAME			5.2 NAME	ontes
STREET ADDRESS			5 3 STREET ADDR	
CITY-ST-ZIP		DELETE	5 4 CHY-ST-ZIF 6 1 TITLE	P ☐ Change ☐ Addition
TITLE		L.] beccit	6.2 NAME	
NAME CARGOT ADODESC			63 STREET ADD	NBF3S
STREET ADDRESS			64 CITY - ST - ZIF	
City - ST-ZIP	1		0.4 GP3 - SF-ZF	

14. I do horeby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE JOSEPH JESKEY SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTORS

GNING OFFICER OF DIRECTOR

A/22/96 813-521-1502

CR2E034 (12/95)