


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

FILED

Apr 22 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000081287					
1. Corporation Name SMALL BUSINESS OWNER'S ASSOCIATION OF AMERICA, INC.					
Principal Place of Business 2000 PALM BEACH LAKES BLVD., 4TH FLOOR WEST PALM BEACH FL 33409			3. Date Incorporated or Qualified 10/23/95		
2. Principal Place of Business			3a. Date of Last Report 4/23/96		
2a. Mailing Address			4. FEI Number 65-0614293		
21. State, Apt. #, etc.			Applied For <input type="checkbox"/> Not Applicable		
22. City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
23. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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 _____ DATE _____					
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			1.2 NAME PTD		
1.3 STREET ADDRESS			1.3 STREET ADDRESS 2000 PALM BEACH LAKES BLVD., 4TH FL.		
1.4 CITY-ST-ZIP			1.4 CITY-ST-ZIP WEST PALM BEACH FL 33409		
2.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			2.2 NAME VSD		
2.3 STREET ADDRESS			2.3 STREET ADDRESS 2000 PALM BEACH LAKES BLVD., 4TH FL.		
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3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			3.2 NAME		
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3.4 CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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4.3 STREET ADDRESS			4.3 STREET ADDRESS		
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5.1 TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			6.2 NAME 200002152892		
6.3 STREET ADDRESS			6.3 STREET ADDRESS -04/24/97--01002--037		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP ***165.00		
14. I, the undersigned, 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 registered 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 as an attachment with an address.					
SIGNATURE: <i>Jason Eisenberg</i> 4/14/97 561-619006					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (9/96)