


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

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PROFIT CORPORATION ANNUAL REPORT 96-1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>PA5000093230</i> 1. Corporation Name Financial Protection Alliance Inc.	

FILED
 97 APR 22 AM 8:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1625 W. Marion Ave # 11 Punta Gorda, FL 33950	Same

2. Principal Place of Business	2a. Mailing Address
21 1625 W. Marion Ave Suite, Apt. #, etc. 22 Suite 11 City & State 23 Punta Gorda FL Zip 24 33950	26 1625 W. Marion Ave Suite, Apt. #, etc. 27 Suite 11 City & State 28 Punta Gorda FL Zip 29 33950

3. Date Incorporated or Qualified 12/6/95	3a. Date of Last Report
4. FEI Number 65-0638981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

11. Name and Address of New Registered Agent
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D Richard Rehe
STREET ADDRESS	3259 Antigua Dr
CITY-ST-ZIP	Punta Gorda 33950
TITLE	<input type="checkbox"/> DELETE
NAME	D Douglas Edwards
STREET ADDRESS	295 Porto Alegre
CITY-ST-ZIP	Punta Gorda FL 33950
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Richard Rehe* **Richard Rehe** 4-21-97 941-505-0303
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**FINANCIAL
PROTECTION
ALLIANCE, INC.**

March 20, 1997

Florida Dept. Of State
Leslie Sellers - Document Specialist
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Dear Mrs Sellers,

Per our telephone conversation, I am enclosing our copy of annual report for 1996.....along with our copy of check attached to same. Upon investigation with Barnett Bank, this check was never processed. Please allow us to re-issue a check for this amount. We did submit in a timely fashion. Please advise if we can re-submit.

Thank You,

Richard Relyea

Richard Relyea