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04-01-1999 90019 017 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003428

1. Corporation Name

FINANCIAL PARTNERS OF AMERICA INCORPORATED

Principal Place of Business

700 W. HILLSBORO BLVD.
BLDG. 4 SUITE 207
DEERFIELD BEACH FL 33441

Mailing Address

700 W. HILLSBORO BLVD.
BLDG. 4 SUITE 207
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1996

4. FEI Number

65-0632157

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **1250 E HALLANDALE BEACH**

Suite, Apt. #, etc.

22 **BLVD - SUITE 608**

City & State

23 **HALLANDALE FL**

Zip

24 **33009**

Country

25 **USA**

2a. Mailing Address

26 **1250 E HALLANDALE BEACH**

Suite, Apt. #, etc.

27 **BLVD - SUITE 608**

City & State

28 **HALLANDALE FL**

Zip

29 **33009**

Country

30 **USA**

9. Name and Address of Current Registered Agent

TUCCI, FRANK
700 W. HILLSBORO BLVD.
BLDG. 4 SUITE 207
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name **THOMAS J. DONNELLAN, JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
1250 E HALLANDALE BEACH BLVD
83 **SUITE 608**
84 City **HALLANDALE** FL 85 Zip Code **33009**

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 **Thomas J. Donnellan Jr** **THOMAS J. DONNELLAN, JR. - PRESIDENT** **3/29/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **MONTAGNE, JULIUS**
STREET ADDRESS **700 W. HILLSBORO BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ DELETE
NAME **CHEN, TOM**
STREET ADDRESS **700 W. HILLSBORO BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **PSTD** ☐ DELETE
NAME **TUCCI, FRANK D**
STREET ADDRESS **700 W. HILLSBORO BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **MONTAGNA JULIUS**
1.3 STREET ADDRESS **1250 E HALLANDALE BEACH BLVD #608**
1.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **CHEN, TOM**
2.3 STREET ADDRESS **1250 E HALLANDALE BEACH BLVD #608**
2.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

3.1 TITLE **VS** ☒ Change ☐ Addition
3.2 NAME **TUCCI, FRANK D**
3.3 STREET ADDRESS **1250 E HALLANDALE BEACH BLVD - #608**
3.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

4.1 TITLE **PT** ☐ Change ☒ Addition
4.2 NAME **THOMAS J. DONNELLAN, JR**
4.3 STREET ADDRESS **1250 E HALLANDALE BEACH BLVD #608**
4.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

THOMAS J. DONNELLAN, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99
Date

954-457-9698
Daytime Phone #

CR2E034 (11/98)