

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 OCT -2 AM 11:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000030047 (0)  
 1. Corporation Name  
 FINANCIAL ASSOCIATES OF SOUTH PALM BEACH, INC.



Principal Place of Business  
 10940 LA SALINAS CIRCLE  
 BOCA RATON FL 33428

Mailing Address  
 10940 LA SALINAS CIRCLE  
 BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>04/05/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0661278</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

**ZELMANOVICH, IGOR**  
 10940 LA SALINAS CIRCLE  
 BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name <b>IGOR ZELMANOVICH</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10940 LA SALINAS CIRCLE</b>
83
84 City <b>BOCA RATON</b>
85 Zip Code <b>FL 33428</b>

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 *Igor Zelmanovich* **Igor Zelmanovich** DATE **9/14/97**

12. OFFICERS AND DIRECTORS

TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME <b>IGOR ZELMANOVICH</b>	
STREET ADDRESS <b>10940 LA SALINAS CIRCLE</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 33428</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>500002310535-1</b>
1.3 STREET ADDRESS	<b>-10/02/97--01114--005</b>
1.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>
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)(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.

CR2E034 (4/97)

*[Handwritten Signature]*

(J)

**Financial Associates of South  
Palm Beach  
10940 La Salinas Circle  
Boca Raton, Florida 33428**

September 14, 1997

In reply to: 2nd Notice - 1997 Profit Corporate Annual Report

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam,

Enclosed please find aforementioned form with a check for \$165.00. I never received the first form and since I am a first time filer in Florida I was not aware of my obligation to file. I therefore ask you to waive the penalty this time on the understanding that this will not happen again.

Let me know what you decide.

Sincerely,



Igor Zelmanovich  
President

Enclosure (1) - 1997 Profit Corporate Annual Report + Check for \$165.00