😘 FÎLE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT . **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

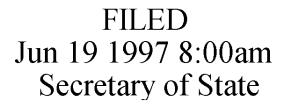
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065006 (4)

FIG PARTNERS, INC.

Principal Place of Business	
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Mailing Address





18780 COLECHESTER COURT DELRAY BEACH FL 33484		16780 COLECHESTER COURT DELRAY BEACH FL 33484-8946		·			
					3. Date Incorporated or Qualified 08/05/1996	3a. Date of Last R	leport
2. Principal Pi	ace of Business	26. Mailing Address 26		4. FEI Number 65-068821	S Ar	oplied For of Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75		
22		27		5. Certificate of Status Desired		equired	
City & State		City & State		6. Election Campaign Financing	\$5.00		
Zip Country		Zip Country		Trust Fund Contribution Added to Fees			
Zip 24	25	29	30	У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes M No		
. 9. Name and Address of Current Registered Agent			1301		10. Name and Address of New Re		
GISI	HEN, SELWYN M		8	1 Name			
	80 COLECHESTER COURT		82 Street Add		address (P.O. Box Number is Not Acceptable)		
DEL	RAY BEACH FL 33484				·		
			8:	3			
			8	4 City		FL B5 Zip	Code
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abo	ve-named cor	poration submits this statement for the pation's board of directors. I horeby acce		ts registered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607,0505, Flo	orida Statuti	oy ine corpora es.	mion's board of directors. I hereby acce	pi ine appoiniment as	registered
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS ANI		I : Registered A	gent signature requ	ilited when roinstating) ADDITIONS/CHANGES TO OFFICE	DATE. ERS AND DIRECTORS	S IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	GISHEN, SELWYN M		1.2 NAM1		•		
STREET ADDRESS	16780 COLECHESTER CT.		1.3 STRE	et address			
CITY-ST-ZIP	DELRAY BEACH FL 33484		1.4 CITY-	ST-ZIP			
TITLE			2 1 11TLL			☐ Change	☐ Addition
NAME	114225131111111111		2.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE			2. 4 Crty 3.1 Title	- SI - ZIP		Change	Addition
NAME	FINGER, RONALD	the section	32 NAMI			4	
STREET ADDRESS	3409 N.W. 59TH STREET			ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33496		3.4. C(TY	- ST - ZIP	•		
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME		r	4. 2 NAM	E			
STREET ADDRESS				ET ADDRESS		4	
CITY-ST-ZIP		T Delete	4.4 CHY			Change	Addition
TITLE		∐ DELF TE	5 1 1171.6			///	L AUGUSII
NAME CTOSET ADDRESS			5.2 NAMI	ET ADDRESS		1/0/1	0/00
STREET ADDRESS CITY-ST-ZIP			5.4 CITY		//	// W/ / ?	1774
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAM		والمناف والمناف والمناف والمناف والمناف والمناف ووالمناف ووالمناف ووالمناف والمناف ووالمناف والمناف وا		
STREET ADDRESS			6.3 STRE	ET ADDRESS	40000221 -06/19/97010		
CITY-ST-ZIP			6.4 CITY	-S1-ZIP	UDU 1979 (1970) - Series obi <mark>00 (1980)**</mark> * obios obio	U4~~U34	

r up meleby certify that the information supplied with this filing does not qualify for the exemption stated in Section 170分分识 Holida 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.

- CHERTON HILLSON ASSET