

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**

97 JUN 27 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P96000095347 (6)**

1. Corporation Name  
**FAR NIENTE FINANCIAL, INC.**

Principal Place of Business

**18639 AVENUE CAPRI  
LUTZ FL 33549**

Mailing Address

**18639 AVENUE CAPRI  
LUTZ FL 33549-5346**

3. Date Incorporated or Qualified  
**11/21/1996**

3a. Date of Last Report

4. FEI Number  
**59-3411474**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21 **18639 Avenue Capri**

Suite, Apt. #, etc.

22 **Lutz FL**

24 Zip **33549**

25 Country **US**

2a. Mailing Address

26 **PO Box 274205**

Suite, Apt. #, etc.

27 **Tampa FL**

28 Zip **33688**

30 Country **US**

9. Name and Address of Current Registered Agent

**BROADRICK, RONALD L  
18639 AVENUE CAPRI  
LUTZ FL 33549**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-24-97**

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **D BROADRICK, RONALD L**  
STREET ADDRESS **P.O. BOX 274128 N/A**  
CITY-ST-ZIP **TAMPA FL 33688**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  Change  Addition  
1.2 NAME **Vice President**  
1.3 STREET ADDRESS **Arthur Baker**  
1.4 CITY-ST-ZIP **PO Box 274128 (NA)**  
**Tampa FL 33688**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME **400002229474--4**  
4.3 STREET ADDRESS **-07/02/97--01097--002**  
4.4 CITY-ST-ZIP **\*\*\*\*173.75 \*\*\*\*173.75**

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 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 or changes, or on an attachment with an address.

SIGNATURE *[Signature]*

**Ben Broadrick**

**11-21-97**

**613-218-2169**

CR2E034 (9/96)