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

PROFIT CORPORATION ANNUAL REPORT

1998

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R.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090656 (4)

FINANCE ASSOCIATES, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 20796 SONRISA WAY 20796 SONRISA WAY **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0796171 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HIRSCH, ALVIN A 20796 SONRISA WAY 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City 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 Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 RZE034 (10/97 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE NAME HIRSCH, ALVIN A 1.2 NAME STREET ADDRESS 20796 SONRISA WAY 1.3 STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME SMITH, FREDERICK W. 23050 FLORAL WOOD LANG 2.3 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITI F 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 4.1 THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

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4/12/98