

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90165 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P97000090656**

1. Corporation Name
FINANCE ASSOCIATES, INC.



Principal Place of Business 20796 SONRISA WAY BOCA RATON FL 33433	Mailing Address 20796 SONRISA WAY BOCA RATON FL 33433
---	---

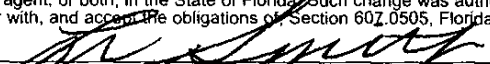
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 23050 FLORAL WOOD		2a. Mailing Address 26 23050 FLORAL WOOD LN		3. Date Incorporated or Qualified 10/22/1997
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0796171
City & State 27 BOCA RATON FL		City & State 28 BOCA RATON FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33433		Zip 29 33433		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HIRSCH, ALVIN A
20796 SONRISA WAY
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
81 Name **FREDERICK W. SMITH**
82 Street Address (P.O. Box Number is Not Acceptable)
23050 FLORAL WOOD LANE
83
84 City **BOCA RATON** FL 85 Zip Code **33433**

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  DATE **3/11/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIRSCH, ALVIN A		1.2 NAME	
STREET ADDRESS 20796 SONRISA WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33433		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, FREDERICK W.		2.2 NAME	
STREET ADDRESS 23050 FLORAL WOOD LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33433		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/11/99** (561) 477-8412
Daytime Phone #

0342552

CR2E034 (1/98)