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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$11767

(8)

FINANCIAL ACCOUNTING ASSOCIATES, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
	9900 STIRLING RD. 9900 STIRLING ROAD						;	
SUT	TE 230		SUITE 230	SUITE 230			DO NOT WOITE IN TARE PRACES	
COOPER CITY FL 33024 US			COOPER CITY FL US	COOPER CITY FL 33024 US			DO NOT WRITE IN THIS SPACE: 3. Date Incorporated or Qualified 11/07/1990	
2. Pi	rincipal Place of Busin	oss	2a. Mailing Addres	s			4. FEI Number Applied For	
21			26				65-0229856 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Securificate Securificat	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
	ip	Country	Zιρ	Cou	INTEY	,	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No	
24		25 and Address of Curren	(29)	30			Personal Property Tax due June 30. X Yes No. 10. Name and Address of New Registered Agent	
	FALCO, ROLA		it negistered Agent		81	Name	IV. Testilo dilo Adolese e Anno III del III de	
	9900 STIRLIN				82			
	SUITE 211	G NU.				Street Add	ress (P.O. Box Number is Not Acceptable)	
COOPER CITY FL 33024					83	<u> </u>		
	OOO! EN OI!	1 6 00024			_	-	lool 71- Oct	
					84	City	FL 85 Zip Code	
	NATURE	h, and accept the oblig					poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
12.	Signature, typed	OFFICERS AN		13.		on a gradie a rado	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	I PS	OT TOUTHOU	DELE		TLE		Change Addition	
NAME	FALCO.	ROLAND D.		1.2 N			:	
STREET ADDRESS 9900 STIRLING ROAD SUIE 211			211	1.3		ADDRESS		
-		r city fl		1.4 0	ITY-S	ST - ZIP		
TITLE			DELE	TE 2.1 To	TLE		☐ Change ☐ Addition	
NAME	1			2.2 N	AME			
STREE	T ADDRESS			2.3 S	TREET	ADDRESS		
CITY-	ST-ZIP				-YTK	ST-ZIP		
TITLE			☐ DELE	TE 3.1 T	TLE		Change [] Addition	
NAME	1			3.2 N	AME			
STREE	T ADDRESS			3.3 \$	TREET	ADDRESS		
CITY-	ST-ZIP					ST-ZIP		
TITLE			☐ DELE		-		Change (2) Addition	
NAME					IAME			
STREE	T ADDRESS			4.3 \$	TREET	T ADDRESS		
	ST-ZIP					ST-ZIP	AL ALMOS	
TITLE			☐ DELE	1			Change Addition	
NAME	ł			5.2 N				
STREE	T ADDRESS					ADDRESS		
	ST-ZIP					ST-ZIP	Change [2] Addition	
TITLE			☐ DELL				☐ Change ☐ Addition	
NAME				6.2 N				
STREE	T ADDRESS					T ADORESS		
CITY-	ST-ZIP		To do to			ST-ZIP	Section 119.07(3)(i). Florida Statutes, I further certify that the information	

6. 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 informatio 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.

CICAIATHDE

AXIVILLE

(A) raina

2/14/02

954-430-0422