

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S44508**

(7)

1. Corporation Name

UNITED ASSET FINANCIAL, CORP.

Principal Place of Business

**8211 WEST BROWARD BLVD.
SUITE 240
PLANTATION FL 33324**

Mailing Address

**8211 WEST BROWARD BLVD.
SUITE 240
PLANTATION FL 33324**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3300 UNIV DRIVE #405		26 3300 UNIV DRIVE		04/11/1991		04/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27 # 405		65-0274279		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 CORAL SPRINGS FLA		28 CORAL SPRINGS FLA		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33065		29 33065					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

**MOSBERG, ANDREW
3300 N.E. 191ST STREET, STE. 1718
AVENTURA, 33180**

10. Name and Address of New Registered Agent

81 Name **ANDREW MOSBERG**
82 Street Address (P.O. Box Number is Not Acceptable)
8164 TWIN LAKE DRIVE
83
84 City **BOCA RATON** FL 85 Zip Code **33496**

11. Pursuant to the provisions of Sections 607.0802 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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/96

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	SOLOMON, HOWARD	
STREET ADDRESS	4755 NW 96 DRIVE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOSBERG, ANDREW	
STREET ADDRESS	3300 NE 191 STREET	
CITY - ST - ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

1. 1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12 NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
13 STREET ADDRESS			
14 CITY - ST - ZIP			
2. 1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME			
23 STREET ADDRESS		8164 TWIN LAKE DRIVE	
24 CITY - ST - ZIP		BOCA RATON FLA 33496	
3. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
4. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
5. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
6. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW MOSBERG PRES 4/16/96

Date

Daytime Phone #