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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	See WI TO	7 Se DIVISION	OF CORPOR	RATIONS			
DOCI	UMENT #	S73629	(5	i)				
-	CTORS FINANCIAL	MANAGEMEN	•	,				
Principal Pt	ace of Business							i Bilin bibin bibin bibin i
	AAITLAND AVE		Mailing Address			i individiră îlii 1860ă Uliilă Diille	THE OF THE BURN BIRT	
SUITE D	0-10 ND FL 32751		331 N MAITLAND SUITE D-10 MAITLAND FL 327					
2. Principal	Place of Business	Τ.Α.				<ol> <li>Date Incorporated or Qualified 08/15/1991</li> </ol>		Last Report <b>/01/1995</b>
1		26	Mailing Address			4. FEI Number		Applied For
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.			59-3078764		Not Applicab
- City & Sta	ate	27				5. Certificate of Status Desired		8.75 Additional
		28	Crty & State			6. Election Campaign Financing		Fee Required
Zip	Country		Zip	Cour	nto.	Trust Fund Contribution	m	\$5.00 May Be Added to Fees
<u> </u>	25	29		30	iti y	8. This corporation has liability for Florida Statutes	intangible tax ur	nder s 199.032,
	9. Name and Addres	ss of Current Regis	stered Agent		<del></del>	10. Name and Address of New I	No No	
BROV	VN, G. MCNICOL			[4	Name	The state of the s	Jean Figure 4 de	nt
331 N	MAITLAND AVE			8	32 Street Add	dress (P.O. Box Number is Not Acceptate	viol.	
SUITE	D-10				13		лы	
MAITL	AND FL 32751				23			
				8	4 City			7-0-1
				I	City		· K'	
Pursuant or register	to the provisions of Section ared agent, or both, in the S	ns 607.0502 and 60	7.1508, Florida Statu	tes, the above	1,	ration submits this statement for the	FL   <sup>83</sup>	Zip Code
	to the provisions of Section ared agent, or both, in the S with, and accept the obligation	ns 607,0502 and 60 State of Florida, Such ons of, Section 607.0	7.1508, Florida Statu change was authori 0505, Florida Statute:	tes, the above zed by the cor s.	1,	ration submits this stalement for the pur ard of directors. I hereby accept the appo	pose of changing	g its registered office
Pursuant or register familiar with GNATURE				<b>.</b>	e-named corpo rporation's boa		pose of changing pointment as regis	g its registered office stered agent. I am
GNATURE .	Signature, typed or printed name of	registered agent and title if a	pplicable. No	OTE: Registered Ag	1,	of when reinstating)	DATE	stered agent. I am
GNATURE LE	Signature, typed or printed name of OFI	registered agent and tine if a	pplicable. (NO	OTE: Registered Ag	ent signature require	of when reinstating)	DATE	stered agent. I am
GNATURE LE ME	Signature, typed or printed name of OFI P BROWN, G. MCNIII	registered agent and title if a FICERS AND DIRECTOR	pplicable. No	TE: Registered Ap	ent signature require		DATE	CTORS IN 12
GNATURE	Signature, typed or printed name of OFI P BROWN, G. MCNIII 331 N MAITLAND	registered agent and title if a FICERS AND DIRECTOR	pplicable. (NO	13. 1.1 7///LE	ent sprature require	of when reinstating)	DATE CERS AND DIRE	ECTORS IN 12
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