FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARIMENT OF STATE

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	S78504	(5)

NEW FLORIDA INVESTMENT ADVISORS, INC.

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Principal Place		Mailing Address	5				1916 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E1011 E1011 01011 010	J
MELBOURNE FL 32935			490 N HARBOR CITY BLVD MELBOURNE FL 32905 IIS						
						3. Date Incorporated or Qualified 09/04/1991		Last Report /01/1995	P 4
2. Principal Plant	ace of Business	2a. Maling Add 26	2a. Maling Address 26			4. EEt Number 65-0280767	···•	Applied For Not Applicable	
Suite, Apt.		Suite, Apt i	, etc.			5. Certificate of Status Desired		8.75 Addition Fee Required	
City & State		Oity & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	30	Dountry	<i>(</i>	8. This corporation has liability for Florida Statutes	intangible tax υ	nder s 199.032,	,
	9. Name and Address of Co	urrent Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agent			
				81	Name				
WOLTER, DAVID A.			82	Street Add	fress (P.O. Box Number is Not Acceptab	lo)			
	CHARING CROSS RD.				1		,		
SARAC	OSTA FL 34241			83					
				84	City		т.		
					,		FI 1	35 Zip Gode	
 Pursuant to or register familiar with 	o the provisions of Sections 607, ad agent, or both in the State of h, and accept the obligations of,	0502 and 607.1508, Florid Florida: Such change was Soction 607.0505, Florida	to Statutes, the a authorized by the Statutes.	ibove ie corp	namied corpo ioration's bod	oration submits this statement for the pur fird of directors. Thereby accept the appoint	pose of chang bintment as rec	ng its registered listered agent. La	offi am
	Signature types or product name of regioner		MOLE BOOK	erod Âge	d signature separ	od whereover the	CHATE		
12.	OFFICERS PD	S AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFF	CERS AND DI	RECTORS IN 12	
ΗLŧ		☐ DEI	.tlt 1	1 THLE				Change 🔲 Addi	ilion
AME :	UNDERHILL, J. III L	nity nilyn	1	2 NAME					
THEET ADDRESS	490 NORTH HARBOR (MELBOURNE FL	OILL BEAD	i	3 STREET	ADDRESS				
ITY - ST - ZIP	MELDOURNE FL			4 CHY 5	ST - 20F				
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AME			2	2.2 NAME					
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ITLF		□ ĐEL	Eff 3	1 THILE	-			hange 🔲 Add	100
NAME			3.	2 NAME					

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption stated in Section 119.07(3)(4), Fiorida Statutes I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the composition or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if ghaved, or on an attachment with all accress.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - \$1 - 7IP

4.4 CiTY - \$1 - ZiF

3.4 C/TY - ST - Z/P

4 1 1016

4.2 NAME

5 1 TITLE

5.2 NAME

 $6.5\,\mathrm{TH}\,\mathrm{F}$

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHTY - ST - ZIP

CITY-ST-ZIP

CITY - ST - 7IP

TITLE

NAME

TITLE

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYLED ON PRINTED AME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

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407-24224

Change

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