FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V21847** **(1)**

1. Corporation Name

FLORIDA FINANCIAL CENTERS, INC.

Principal Place of Business	Mailing Address
5301 NO FEDERAL HWY STE 135 BOCA RATON FL 33487	5301 NO FEDERAL HWY STE 135 BOCA RATON FL 33487

3. Date Incorporated or Qualified: 03/18/1992
3a. Date of Last Report: 02/17/1995

4. FEI Number: 65-0319249 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2255 Glades Road	26 2255 Glades Rd
Suite, Apt. #, etc. 22 Ste 301E	Suite, Apt. #, etc. 27 Ste 301E
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33431 Country 25 USA	Zip 29 33431 Country 30 USA

9. Name and Address of Current Registered Agent

BONOFF, ADAM
5301 NORTH FEDERAL HIGHWAY
SUITE 135
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: Ross, Mark Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 5301 North Federal Hwy
83 STE 135
84 City: Boca Raton FL 85 Zip Code: 33487

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: ✓ Signature and typed or printed name of registered agent (Mark G. Ross) (Note: Registered Agent's signature required for initial designation and changing) DATE: 6-24-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	P	☑ Change ☐ Addition
NAME	BONOFF, ADAM		12 NAME	Ross, Mark Jr	
STREET ADDRESS	5301 NORTH FEDERAL HIGHWAY		13 STREET ADDRESS	5301 No Federal Hwy	
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	VP	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ROSS JR., MARK		22 NAME		
STREET ADDRESS	5301 NORTH FEDERAL HIGHWAY		23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☑ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

500001898545
-07/18/96--01059--013
***225.00

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)(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 a 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

5-20 96 Date

407-995-9966 Daytime Phone #

7/18/96