

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 # V36519

(9)

1. Corporation Name

FLORIDA ASSET FINANCING CORP.



Principal Place of Business

7777 GLADES RD
SUITE 112
BOCA RATON FL 33434

Mailing Address

7777 GLADES RD
SUITE 112
BOCA RATON FL 33434

2. Principal Place of Business

21 7777 GLADES RD

Suite, Apt. #, etc.

22 SUITE 210

City & State

23 BOCA RATON, FL

Zip

24 33434

Country

2a. Mailing Address

26 7777 GLADES RD.

Suite, Apt. #, etc.

27 SUITE 210

City & State

28 BOCA RATON, FL

Zip

29 33434

Country

3. Date Incorporated or Qualified

05/15/1992

3a. Date of Last Report

06/19/1995

4. FEI Number

65-0333182

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

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name PHILIP L. NADEL
82 Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES ROAD
83 SUITE 210
84 City BOCA RATON FL 85 Zip Code 33434

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0504, Florida Statutes.

SIGNATURE

Philip Nadel PHILIP NADEL

4/18/96

Signature of person or persons authorized to sign this report. If more than one person is authorized, each person's name and address must be typed.

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME NADEL, JOEL
STREET ADDRESS 7777 GLADES RD STE 112 210
CITY-STATE-ZIP BOCA RATON FL

TITLE D ☐ DELETE
NAME NADEL, PHILIP
STREET ADDRESS 7777 GLADES RD., STE. 112 210
CITY-STATE-ZIP BOCA RATON FL

TITLE D ☐ DELETE
NAME NADEL, PHILIP
STREET ADDRESS 7777 GLADES RD STE 112
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Y/D Nadel, Philip
3.3 STREET ADDRESS 7777 Glades Rd., Ste. 210
3.4 CITY-STATE-ZIP Boca Raton, FL 33434

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME P/D Nadel, Joel
4.3 STREET ADDRESS 7777 Glades Rd., Ste 210
4.4 CITY-STATE-ZIP Boca Raton, FL 33434

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

Philip Nadel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Nadel 4/19/96 (407) 852-2224
Daytime Phone

CR2E034 (12/95)