## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90061 029 \*\*\*150.00

## DOCUMENT # **V36519** 1. Corporation Name

FLORIDA ASSET FINANCING CORP.

Principal Place of Business		Mailing Address					
7777 GLADES ROAD		7777 GLADES ROAD					
STE 210		STE 210					
BOCA RATON FL 33434		BOCA RATON FL 33434		DO NOT WRITE IN THIS SPACE			
US US				3. Date Incorporated or Qualifed			ļ
l					05/15/1992		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 26		26		65-0333182		Not Applicable	
Suite, Apt. #, etc		_Suite, Apt. #, etc.	t.#, etc.		5. Certifcate of Status Desired		Additional
22 27		27			3. Columbia o, Ciliado Dounta	Fee	Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution	Adde	d to Fees	
Zip	ip Country Zip Co		_ Country	/	8. This corporation owes the current year In		
24	25 29 30		0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registered	Agent	
Ţ			81	Name			
NAD		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
7777 GLADES RD			132	Olieti Vadi	(1.0. Box (rampe) (3 (for / tooptable)		
STE 210			83				
BOC	A RATON FL 33434		<u> </u>	ļ <del>.</del>			
			84	City	FL	85 Zip	Code
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the abov	e-named core	poration submits this statement for the purpose of	changing i	ts registered
office or n	egistered agent, or both, in the State (	of Florida. Such change was auth	norized by	the corporation	on's board of directors. I hereby accept the appo	intment as	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes	3.			j
SIGNATURE	Signature, typed or printed name of registered agen	ANOTE D	naintered Age	at alongture require	ed when reinstating) DATE		
12.	OFFICERS AN		13.	iii agrisiare regere	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
TITLE	VD	DELETE	1.1 TITLE			Change	
NAME	NADEL PHILIP		1.2 NAME	<u> </u>			
	7777 GLADES RD STE 210			T ADDRESS			-
STREET ADDRESS							ļ
CITY-ST-ZIP	BOCA RATON FL	DELETE	1.4 CITY-S 2.1 TITLE	11-ZIP		☐ Change	e
TITLE	PD NAPEL IOE	Deteile	I				
NAME	NADEL, JOEL		2.2 NAME				
STREET ADDRESS	7777 GLADES RD STE 210		<b>.</b>	T ADDRESS			. }
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-	ST-ZIP_		Change	n [] Addition
TITLE	,	☐ DELETE	3,1 TITLE	ļ		Change	e 🔲 Addition
NAME :			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	ļ		Chang	e 🔲 Addition .
NAME			4, 2 NAME	.			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-8	ST-ZIP			
TITLE	<del></del>	☐ DELETE	5.1 TITLE	- ,		Change	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
		•	5.4 CITY-8		ų:		
CITY-ST-ZIP	IT DELETE 61T		6.1 TITLE			Chang	e
			6.2 NAME			_ •	ļ
NAME '				T ADDRESS			ſ
I SINKELVININGCCI							

14. I hereby certify that the information supplied with this filing 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 eath; 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, with all other like empowered.

6.4 CITY+ST-ZIP

**SIGNATURE**