


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90105 037 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51379**

1. Corporation Name

**FIRST THINGS FIRST INC.**

Principal Place of Business

2677 FOREST HILL BLVD  
SUITE 108  
WEST PALM BEACH FL 33406

Mailing Address

2677 FOREST HILL BLVD  
SUITE 108  
WEST PALM BEACH FL 33406



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/19/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0416778
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
		30

9. Name and Address of Current Registered Agent

HUCKS, MYRA L  
2677 FOREST HILL BLVD  
STE 108  
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name	TOCCI, TOM
82 Street Address (P.O. Box Number is Not Acceptable)	6915 Tradewinds Way
83	
84 City	Lantana
85 Zip Code	FL 33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUCKS, MYRA L.	1.2 NAME	TOCCI, TOM
STREET ADDRESS	418 N O ST	1.3 STREET ADDRESS	6915 Tradewinds Way
CITY-ST-ZIP	GREENACRES FL 33460	1.4 CITY-ST-ZIP	Lantana, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	NONE
NAME	TOCCI, TOM	2.2 NAME	
STREET ADDRESS	6915 TRDEWINDS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	SITES, LINDA	3.2 NAME	
STREET ADDRESS	895 SUMTER RD W	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33415	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDMAN, MICHAEL	4.2 NAME	HUCKS, MYRA
STREET ADDRESS	202 LAKE OSBORNE #1	4.3 STREET ADDRESS	418 N O ST
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	Lake Worth, FL 33462
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	AIKIN, DANNY A.	5.2 NAME	
STREET ADDRESS	356 WORTH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GLASS, DOROTHY	6.2 NAME	
STREET ADDRESS	7418 CLARKE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	6.4 CITY-ST-ZIP	

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 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 617, 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.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 561-433-0522  
Date Daytime Phone #

CR2E037 (11/98)