

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 # P93000055126 (5)

1. Corporation Name

FIRST FLAGSHIP FINANCIAL SERVICES CORP.

Principal Place of Business

10800 BISCAYNE BLVD  
SUITE 705  
MIAMI FL 33161

Mailing Address

10800 BISCAYNE BLVD  
SUITE 705  
MIAMI FL 33161



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 100 S.E. Second Street

27 Suite, Apt. #, etc.

27 Suite 4000

28 City & State

28 Miami, FL

29 Zip

29 33131

30 Country

30 USA

3. Date Incorporated or Qualified

08/05/1993

3a. Date of Last Report

05/01/1995

4. FET Number

65-0431068

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

STEVEN M. MEYERS, P.A.  
ONE BISCAYNE TOWER #3550  
TWO S BISCAYNE BLVD  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Robert E. Dady, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

100 S.E. Second Street, Suite 4000

83

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.071 and 607.151, 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 607.071, Florida Statutes.

SIGNATURE

Robert E. Dady, Esq.

7/17/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MEYERS, HILLEL A  
STREET ADDRESS 4875 PINE TREE DR  
CITY-STATE-ZIP MIAMI BEACH FL 33140

TITLE D  
NAME KAYE, BRUCE  
STREET ADDRESS 1534 NE QUAY TER  
CITY-STATE-ZIP MIAMI FL 33138

TITLE VP  
NAME MEYERS, NEIL  
STREET ADDRESS 2791 POINCIANA BLVD.  
CITY-STATE-ZIP KISSIMMEE FL

TITLE T  
NAME GOLDWYN, OWEN  
STREET ADDRESS 60 N. MAINE AVE.  
CITY-STATE-ZIP ATLANTIC CITY NJ

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Milton, Phillip  
1.3 STREET ADDRESS 230 Park Avenue, Suite 635  
1.4 CITY-STATE-ZIP New York, New York 10169-0019

2.1 TITLE D  
2.2 NAME Keith, Marvin  
2.3 STREET ADDRESS 230 Park Avenue, Suite 635  
2.4 CITY-STATE-ZIP New York, New York 10169-0019

3.1 TITLE VP/T  
3.2 NAME Valenti, Michael  
3.3 STREET ADDRESS 60 North Maine Street  
3.4 CITY-STATE-ZIP Atlantic City, New Jersey 08401

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

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

6.1 TITLE  
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, and in an attachment with an address.

SIGNATURE:

7/17/96 348-9188

CR2E034 (12/95)