

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S19733 (2)

1. Corporation Name: **FIRST FINANCIAL GROUP, INC.**



Principal Place of Business: **ONE BOCA PLACE SUITE 227W BOCA RATON FL 33431 US**
Mailing Address: **ONE BOCA PLACE SUITE 227W BOCA RATON FL 33431 US**

2. Principal Place of Business: [21] State, Apt. #, etc.; [22] City & State; [23] Zip; [24] Country
2a. Mailing Address: [26] State, Apt. #, etc.; [27] City & State; [28] Zip; [29] Country; [30]

3. Date Incorporated or Qualified: **12/11/1990** 3a. Date of Last Report: **03/08/1995**
4. FEI Number: **65-0233927** 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: **EISENBERG, GLENN M. 2255 GLADES ROAD SUITE 227W BOCA RATON FL 33431**

10. Name and Address of New Registered Agent: [B1] Name; [B2] Street Address (P.O. Box Number is Not Acceptable); [B3]; [B4] City; [B5] Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SP	[] DELETE
NAME	WINITSKY, HOWARD	
STREET ADDRESS	2255 GLADES RD SUITE 227W	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPT	[] DELETE
NAME	EISENBERG, GLENN	
STREET ADDRESS	2255 GLADES RD SUITE 227W	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	[] Change [] Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	[] Change [] Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	[] Change [] Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	[] Change [] Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	[] Change [] Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 addendum.

SIGNATURE: DATE: **1/2/96** (407) 998-9466

CR2E034 (12/95)