

SC
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FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 493539 (1)

1. Corporation Name
FIRST FLORIDA FINANCE, INC.

Principal Place of Business
10360 BEACH BLVD.
JACKSONVILLE FL 32246
US

Mailing Address
10360 BEACH BLVD.
JACKSONVILLE FL 32246
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 12/31/1975 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-1655784 | |
| 24 Country | | 29 Country | | 30 Applied For | |
| 25 | | 29 | | Not Applicable | |
| 9. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired | |
| HASSAN, FRED | | | | 8.75 Additional Fee Required | |
| 4460 SHILOH LN. | | | | 6. Election Campaign Financing | |
| JACKSONVILLE FL 32210 | | | | Trust Fund Contribution | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| | | | | 52 Yes 84 No | |
| 10. Name and Address of New Registered Agent | | | | | |
| 81 Name | | | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 10360 Beach Blvd. | | | | | |
| 83 | | | | | |
| 84 City | | | | 85 Zip Code | |
| Jacksonville | | | | FL 32246 | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 HASSAN, FRED | 1.1 TITLE | Change Addition |
| NAME | 9012 BEACH BLVD | 1.2 NAME | |
| STREET ADDRESS | JACKSONVILLE FL | 1.3 STREET ADDRESS | 10360 Beach Blvd. |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | Jacksonville, FL 32246 |
| TITLE | | 2.1 TITLE | Change Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred Hassan* Date: *1/16/98*

CR2E034 (10/97)