

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

DOCUMENT # **676814**

1. Corporation Name

**FARMINGTON FINANCIAL INVESTMENT CORP.**

Principal Place of Business

C/O JAMES A. MOLANS  
16100 S. W. 173 AVENUE  
MIAMI FL 33187

Mailing Address

C/O JAMES A. MOLANS  
16100 S. W. 173 AVENUE  
MIAMI FL 33187

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

**27**

Suite, Apt. #, etc.

**23**

**28**

City & State

**24**

**29**

Zip

Country

**25**

**29**

Zip

**30**

Country

9. Name and Address of Current Registered Agent

**MOLANS, JAMES A.  
16100 S. W. 173RD AVENUE  
MIAMI, FL 33187**

**81**

Name

**82**

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

**83**

**84**

City

**FL** **85**

Zip Code

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change  Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90009 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/24/1980**

4. FEI Number

**59-2774002**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CR2E034 (11/98)