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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 770003 (2)
1. Corporation Name
FLORIDA FIRST CAPITAL FINANCE CORPORATION, INC.



Principal Place of Business Mailing Address
107 W GAINES ST., ROOM 443 TALLAHASSEE FL 32399-2000
P.O. BOX 5826 TALLAHASSEE FL 32314-5826

3. Date Incorporated or Qualified 08/26/1983
3a. Date of Last Report 02/21/1996

2. Principal Place of Business 21 390 North Orange Ave Suite, Apt #, etc. 1300 City & State Orlando Florida Zip 32801	2a. Mailing Address 26 390 North Orange Ave Suite, Apt #, etc. 1300 City & State Orlando Florida Zip 32801	4. FEI Number 59-2515700 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 24	27 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BLAKESLEE, MARY HELEN ROOM 443, COLLINS BLDG 107 WEST GAINES ST. TALLAHASSEE FL 32399-2000	10. Name and Address of New Registered Agent 81 Name David G. Franklin 82 Street Address (P.O. Box Number is Not Acceptable) 390 North Orange Ave. 83 SUITE 1300 84 City Orlando FL 85 Zip Code 32801
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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, in 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: *Sandra B. Mortham*
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 D NAME LITTLE, ROBERT MR STREET ADDRESS 3300 S.W. 34TH AVE, SUITE 101 CITY-ST-ZIP OCALA FL 34474	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME CHRISTMAN CHARLES J. 1.3 STREET ADDRESS FIRST UNION BANK SUITE 201 1.4 CITY-ST-ZIP DAYTONA BEACH FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME BLISS, GARY STREET ADDRESS 601 NORTH MONROE STREET CITY-ST-ZIP TALLAHASSEE FL 32301	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME HARWOOD JACKSON 2.3 STREET ADDRESS 1701-A SOUTH WANKESHA STREET 2.4 CITY-ST-ZIP BONITA, FLORIDA 32425	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ARLEDGE, BRIAN STREET ADDRESS 1680 FRUITVILLE RD. CITY-ST-ZIP SARASOTA FL 34230	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME KEMAR NASH 3.3 STREET ADDRESS 8448 BAYMEADOWS RD. 3.4 CITY-ST-ZIP JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME BLAKESLEE, MARY HELEN STREET ADDRESS 107 W GAINES ST RM 443 CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME GARY FRANK 4.3 STREET ADDRESS 6001 26TH STREET, WEST 4.4 CITY-ST-ZIP BRADEN TON, FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME GOSSETT, WILLIAM MR STREET ADDRESS 502 N. HIGHWAY 17-92 CITY-ST-ZIP LONGWOOD FL 32750	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME DAVID FRANKLIN 5.3 STREET ADDRESS 390 NORTH ORANGE AVE 5.4 CITY-ST-ZIP SUITE 1300 ORLANDO FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ZIMMERMAN, CINDY MS STREET ADDRESS 315 ALAFAYA WOODS BLVD CITY-ST-ZIP OVIEDO FL 32765	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 7/30/97

CR2E037 (9/96)