


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770003 (2)

1. Corporation Name
FLORIDA FIRST CAPITAL FINANCE CORPORATION, INC.



Principal Place of Business 390 NORTH ORANGE AVE 1300 ORLANDO FL 32801 US	Mailing Address 390 NORTH ORANGE AVE 1300 ORLANDO FL 32801 US
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3. Date Incorporated or Qualified
08/26/1983

4. FEI Number 59-2515700	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 8051 N. Tamiami Trail	2a. Mailing Address 28 8051 N. Tamiami Trail
Suite, Apt. #, etc. 22 Suite 50	Suite, Apt. #, etc. 27 Suite 50
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip 24 34243	Country 25 US
Zip 29 34243	Country 30 US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FRANKLIN, DAVID G
390 NORTH ORANGE AVE
SUITE 1300
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name Bliss, Gary
82 Street Address (P.O. Box Number is Not Acceptable) 8051 N. Tamiami Trail, Ste. 44
83
84 City Sarasota
85 Zip Code FL 34243

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, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LITTLE, ROBERT MR		1.2 NAME	
STREET ADDRESS 3300 S.W. 34TH AVE, SUITE 101		1.3 STREET ADDRESS	
CITY-ST-ZIP OCALA FL 34474		1.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLISS, GARY		2.2 NAME	
STREET ADDRESS 601 NORTH MONROE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARLEDGE, BRIAN		3.2 NAME	
STREET ADDRESS 1680 FRUITVILLE RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34230		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANK, GARY		4.2 NAME	
STREET ADDRESS 8001 26TH ST WEST		4.3 STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOSSETT, WILLIAM MR		5.2 NAME	
STREET ADDRESS 502 N. HIGHWAY 17-92		5.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 32750		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIMMERMAN, CINDY MS		6.2 NAME	
STREET ADDRESS 315 ALAFAYA WOODS BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP OVIEDO FL 32765		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

3/6/98

(941) 355-5504

CF2E037 (10/97)