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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770003

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

Principal Place of Business 8051 N TAMiami TRl SUITE 50 SARASOTA FL 34243 US	Mailing Address 8051 N TAMiami TRl SUITE 50 SARASOTA FL 34243 US
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2. Principal Place of Business 21 1711 S. Gadsden St. Suite, Apt. #, etc. 22 Tallahassee, FL Zip 24 32301 Country 25 Leon	2a. Mailing Address 26 P.O. Box 4166 Suite, Apt. #, etc. 27 Tallahassee, FL Zip 29 32315 Country 30 Leon	3. Date Incorporated or Qualified 08/26/1983	4. FEI Number 59-2515700 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BLISS, GARY
 8051 N TAMiami TRl
 SUITE 44
 SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name **Todd G. Kocourek**
 82 Street Address (P.O. Box Number is Not Acceptable)
 1242 N. Duval Street
 83
 84 City **Tallahassee** FL 85 Zip Code **32303**

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 Todd G. Kocourek, C.E.O. DATE 4/7/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITTLE, ROBERT MR	
STREET ADDRESS	3300 S.W. 34TH AVE, SUITE 101	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BLISS, GARY	
STREET ADDRESS	601 NORTH MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARLEDGE, BRIAN	
STREET ADDRESS	1680 FRUITVILLE RD.	
CITY-ST-ZIP	SARASOTA FL 34230	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GOSSETT, WILLIAM MR	
STREET ADDRESS	502 N. HIGHWAY 17-92	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, CINDY MS	
STREET ADDRESS	315 ALAFAYA WOODS BLVD	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C.E.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Todd G. Kocourek	
1.3 STREET ADDRESS	1242 N. Duval Street	
1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James J. DeGennaro	
2.3 STREET ADDRESS	600 N. Broadway #300	
2.4 CITY-ST-ZIP	Bartow, FL 33830-3804	
3.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Arledge, Brian	
3.3 STREET ADDRESS	7275 Bee Ridge Road	
3.4 CITY-ST-ZIP	Sarasota, FL 34241	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hobbs, Gregory	
4.3 STREET ADDRESS	1711 S. Gadsden Street	
4.4 CITY-ST-ZIP	Tallahassee, FL 32301	
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Zimmermann, Cindy	
5.3 STREET ADDRESS	315 Alafaya Woods Blvd.	
5.4 CITY-ST-ZIP	Oviedo, FL 32765	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cavanaugh, Claire	
6.3 STREET ADDRESS	1711 S. Gadsden Street	
6.4 CITY-ST-ZIP	Tallahassee, FL 32301	

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 617, 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: Todd G. Kocourek, C.E.O. (850) 222-5198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0068290 CR2E037 (1/198)