FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARIMENT OF STATE

ANNU	AL REPORT	Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUN 1. Corporation		300000270	06 (0)			
FFE F	INANCIAL CORP.					
Principal Place of Business Mailing Address						III, Ba aii, Ba ik o maa i m a ik ba ik dak ladi
1160 S. MCCALL ROAD ENGLEWOOD FL 34223			P O BOX 1406 ENGLEWOOD FL 34295-9981 US		Date Incorporated or Qualified 3	a. Date of Last Report
					06/09/1993	03/13/1995
=== · · · · · · · · · · · · · · · · · ·		F	Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #	, etc		Sulte, Apt. #, etc.		65-0391931 5. Gertificate of Status Desired	\$8.75 Additional
22		[27]	Ch. B.Ch.			Fee Required
Oity & State		City & Sta	te		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<u>Ζ</u> ιρ	Country	Zip		untry	8. This corporation has liability for intar	ngible tax under s. 199.032.
24	25 29 g. Name and Address of Current Registered Ag		30		Florida Statutes Yes 10. Name and Address of New Regi	
	9, Name and Address of	Current Hegistered Age	nt	81 Name	10. Name and Address of New Regi	Present Whole
CHITH	CAUL			00 00 110	Address (P.O. Box Number is Not Acceptable)	
SMITH, GAIL L 1160 S. MCCALL ROAD				Street A	(adress (F.O. Box Number is Not Acceptable)	
	WOOD FL 34223			83		
211022				84 City		85 Zip Code
		-				FL 3 2,1 Good
 Pursuant to or registere 	o the provisions of Sections 6t ed agent, or both, in the State	77.0502 and 607.1508, Flo of Florida: Such change w	nda Statutes, the at as authorized by the	iove harried co corporation's l	rporation submits this statement for the purpos board of directors. Thereby accept the appoint	e of changing its registered office hent as registered agent. I am
	n, and accept the obligations of	of, Section 607.0505, Flori	ia Statutes			
SIGNATURE _	Signation, typed in product men claff regula	معالج الجوالة التعالف المواجدة	(NOTE Foogeden	of Agent 8 grafute to	spired over rendating	DATE
12.	OFFICE	RS AND DIRECTORS	13	т	ADDITIONS/CHANGES TO OFFICE	
TILE	D	_		TITLE	D	Change Addition
NAME Other Laborator	MOSOLINO, MICHAE			NAME STREET ADDRESS	Rapp, Wilbur A.	
STREET ADDRESS C Tri-ST-77	1160 S. MCCALL RD ENGLEWOOD FL	•		City - ST - ZiP	1160 S. McCall Road	
N'(F	P DELETE			TIFLE	Englewood, FL 34223	Change Addition
NAME:	SMITH, GAIL L		22	NAME		
STREET ADDRESS	1160 S. MCCALL RO	AD	23	STREET ADDRESS		
C(** 5* Z(*)	ENGLEWOOD FL 34223			C-TY-ST-ZIP		
lii,£	T DELETE			1.ft.f		Change Addition
NAME CTUTE LADIOUS PA	MOSSBARGER, WAL			NAME STHEET ADDRESS		
STREET ACORESS CITYLIST ZIP	1160 S. MCCALL RO			City - ST - 7-P		
Tri_f	ENGLEWOOD FL 342 SD			TIPLE		Change Addition
NAME	ALBRITTON, EUNICE	G	42	NAME		
STREET ADDRESS	1160 S. MCCALL RO		4.3	STREE! ADDRESS		
C 1) S1-7if	ENGLEWOOD FL 342			CHTY - ST - ZIP		
1 ILF	D	L		TITLE		Change Addition
NAME STREET ADDRESS	BASS, JOHN F	AD.		NAME SEREET ADORESS		
(!r -\$'-7-r'	1160 S. MCCALL RO ENGLEWOOD FL 342			Cify SI-ZIF		
TITLE	D ENGLEMOOD FL 342			TIFLE		Change Addition
64Mt	BEDFORD, ROBERT	L	6.2	NAME		
STREET ACCORESS	1160 S. MCCALL RO		63	STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD FL 342	223		CITY-S1-ZIP		O.A. Florid Orak to 12 de
 14. I do hereby certify that 	y certify that the information so the information indicated on t	ipplied with this filing is vo his annual report or supple	untarily turnished an mjental annual repor	o does not qua t is true and ac	ilify for the exemption stated in Section 119.07 curate and that my signature shall have the sar	адку, Florida Statutes. Hurther ne legal effect as if made under

certify that the information indicated on this annual report or suppliernetal annual report is true and accurate and that my signature shall have the same legal effect as if made under coats; that I am an officer or director of the corporation of the receiver of 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 advictional with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. L. Smith, President