

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000005785 (0)

1. Corporation Name

FIRST FINANCIAL SERVICES, LTD. INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:25

Principal Place of Business

2208 N. 90TH ST.
OMAHA NE 68134

Mailing Address

2208 N. 90TH ST.
OMAHA NE 68134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/08/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21 as above

2a. Mailing Address

26 as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

41-1663817

Applied For

Not Applicable

5. Certificate of Status Desired

n/a

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

n/a

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 169.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

ROQUEVERT, GLENN
2635 14TH AVE., NORTH
ST. PETERSBURG FL 33733

10. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
KIZER, JOSEPH L
8110 HICKORY
OMAHA NE 68124

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
LAWSON, PATRICIA
1802 EAGLE RIDGE DR.
MENDOTA HEIGHTS MN 55188

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

V
Lawson, Patricia
1111 Highway 13
Lilydale MN 55118

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
SALMEN, T. JAY
1013 SIBLEY MEMORIAL HWY., #121
MENDOTA HEIGHTS MN 55118

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

ST
Salmen, T Jay
605 Sutcliff
Mendota Heights MN 55118

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or by any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH KIZER

4/5/95

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