

Document Number Only  
**F95000000971**

**C T CORPORATION SYSTEM**  
Requestor's Name  
1311 Executive Center Drive, Ste. 200  
Address  
Tallahassee, FL 32301 (904) 656-0290  
City State Zip Phone

2/10/95 14:11:11  
-02/28/95--01/06/94--02/5  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**CORPORATION(S) NAME**

*First City Financial Corp*

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Resurrection           | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> CUS / G/S          |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

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FILE STAMPED

**APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. First City Finance, Inc.  
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Massachusetts  
(State or country under the law of which it is incorporated)

3. October 12, 1994 4. Perpetual  
(Date of Incorporation) (Duration)

5. 043249921  
(Federal Employer Identification number, if applicable)

6. Upon Qualification  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 20 Spring Street, Saugus, Massachusetts 01906  
(Current mailing address)

8. To engage in the business of financing automobiles.  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

**A. Directors:**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Daniel Wilensky

Address: 20 Spring Street

Saugus, Massachusetts 01906

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**II. Officers:**

President See attached list of officers

Address \_\_\_\_\_

Vice President \_\_\_\_\_

Address \_\_\_\_\_

Secretary \_\_\_\_\_

Address \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

(if needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Inland Road  
Plantation, Florida 33324

Zip Code

**11. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Registered agent's signature: \_\_\_\_\_

**CHARLES W. MEYER**

*Charles W. Meyer*

(Typed Name and Title of Officer)

**SPECIAL ASST. SECRETARY**

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. *Daniel Wilensky*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Daniel Wilensky, President

(Name and capacity of person signing application)

Appendix to Florida  
Application by Fgn. Corp for Authorization to Transact Business in Florida

**Officers of  
First City Finance, Inc.**

---

1. Daniel Wilenaky, President  
20 Spring Street  
Saugus, Massachusetts 01906
2. John Casey, Treasurer  
20 Spring Street  
Saugus, Massachusetts 01906
3. Michael Bridgman, Clerk  
20 Spring Street  
Saugus, Massachusetts 01906

SECRET  
DIVISION 1-77-1  
95 FEB 20 PM 1:05



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02183*

February 27, 1995

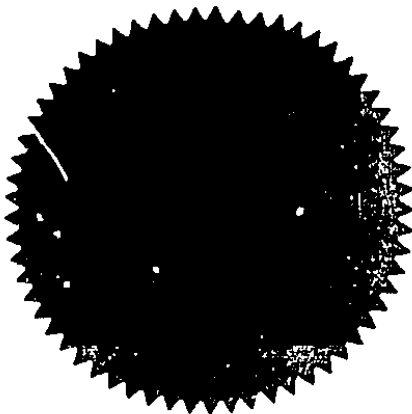
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

First City Finance, Inc.

is a domestic corporation organized on October 17, 1994, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

\* This certificate is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.

JBM

RECEIVED  
SECRETARY OF THE  
COMMONWEALTH  
65 FEB 28 PM 1:06

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra H. Motham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 23 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000971 (0)

1. Corporation Name

FIRST CITY FINANCE, INC.

Principal Place of Business

20 SPRING ST.  
SAUGUS MA 01906

Mailing Address

20 SPRING ST.  
SAUGUS MA 01906

REINSTATEMENT *96*

3. Date Incorporated or Qualified  
02/28/1995

3a. Date

4. FFI Number  
04-3249921

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt #, etc.

26 State Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.02 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

*Sylvia Anneta Gray*

*Sylvia Anneta Gray, Special Agent*

*12-20-96*

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
WILENSKY, DANIEL  
20 SPRING ST.  
SAUGUS MA 01906

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T  
CASEY, JOHN  
20 SPRING ST.  
SAUGUS MA 01906

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

*Graziano, Joseph*  
*20 Spring St.*  
*SAUGUS, MA 01906*

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

C  
BRIDGMAN, MICHAEL  
20 SPRING ST.  
SAUGUS MA 01906

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

*100002040564*  
*-12/30/96--01011--025*  
*\*\*\*\*383.75 \*\*\*\*383.75*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

*11/23-96*

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #