SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT - CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # FOROGOODE (4)				97 JUL 24 AM 9: 07	
DOCUMENT # F95000002925 (4)					
FIRST FEDERAL FINANCIAL CORPORATION				1 (SS)(SS 1) In 15 (St. 1 Carlos Sales Sal	
Principal Place of Business		Mailing Address			JII 801% 00110 11040 14110 11001 0111 1001
672 NORTH SEMORAN BLVD		672 NORTH SEMORAN BLVD		·	
SUITE 102 ORLANDO FL 32807		SUITE 102 Orlando FL 32807		DO NOT WRITE	IN THIS SPACE
		01151150 12 02001		3. Date Incorporated or Qualified	3a. Date of Last Report
				06/16/1995	05/01/1996
2. Principal Place of Business 2a 21 26		2a, Mailing Address		4. FEI Number	Applied For
		Suite, Apt. #, etc.	<u></u>	59-3315251	Not Applicable \$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & Stat	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	└ '	Country 30	This corporation owes or has pa Personal Property Tax due June	
	9. Name and Address of Current	t Registered Agent	301	10. Name and Address of New Re	
LANE, CLYDE E JR 81 Name					
670 N ORLANDO AV 82 Street Address (P.O. Box Number is Not Acceptable)					
Suite 102 1/2 1/2 1/2				2 N. SBMORAN BLV	۵.
MAITLAND FL 32751			83 50	TB 102	
			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					
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 objection 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent/and title if applicable. (NOTE: Registered Agent signature required when renstating) OFFICERS AND DIRECTORS 12 ADDITIONS (SIANDER TO DESCRIPTION OF THE PROPERTY OF THE PROPE					
12.	SigMute typed or printed name of registered ager OFFICERS AND	nand title if applicable. (NOTE:	Registered Agent signature	required when re-installing)	DATE
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE PRESIDENT, SECRETARY, TRE	
NAME	MORGAN, WILLIAM S III	_	1.2 NAME	MORGAN, WILLIAM 5	.TIT.
STREET ADDRESS	413 MADÉIRA AV	1	1.3 STREET ADDRESS	413 MASEIRA AVE	
CITY-ST-ZIP	ORLANDO FL 32825	<u> </u>	1.4 CITY - \$1 - ZIP	ORLANDO FL 3282	15
TITLE	V DODG DOD	∠ DELETE	2.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME	POPE, BOB		2.2 NAME	600	
STREET ADDRESS	600 LANDING PLACE LONGWOOD FL 32750		2.3 STREET ADDRESS		7/27
CITY-ST-ZIP TITLE	8T	DELETE	2 4 CHTY - ST - ZIP 3 1 TITLE	00-	☐ Change ☐ Addition
NAME	LANE, CLYDE E JR		3.2 NAME		Change Augmon)
STREET ADDRESS	6619 MOGUL CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		3.4. C(TY - ST - ZIP	1000,023	(ŞQQQQ1;;;;=1
TITLE		DELETE	4.1 TITLE	-07/29/ ****163	Addition
NAME			4. 2 NAME		7.00 mmm100.08
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME 1	•		5.2 NAME		C anguigo C vocition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	- NET 1		5.4 CiTY-ST-ZiP		į
TITLE	· •	☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	•		6.3 STREET ADDRESS		
CITY-ST-ZIP	by certify that the information supplied	with this filing does not qualify	6.4 CITY-ST-ZIP	tated in Section 119 07(3Vi). Florida Statutos	I further certify that the

Information indicated on this annual report or supplied with this miling does not quality 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or an attachment with an address.

F9500009935 Irst Federal Financial Corporation Creating Financial Solutions

Friday, July 18, 1997

Florida Department of State Division of Corporations Annual Report Section P. O. Box 1500 Tallahassee FL 32302-1500

Dear Sir:

Enclosed is the annual fee for the corporate report. I spoke with one of your representatives on 7/15/97 regarding the late fee shown on the statement and informed him I had not received a prior notice. He instructed me to enclose this letter and pay the normal fee of \$165.00.

Should you have any questions, call me at the numbers shown below.

Sincerely,

Joel Huffman / / Operations Manager