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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

G46348 **DOCUMENT #** 

(0)

FEDERAL FINANCIAL GROUP, INC.				7	
Principal Place of Business Maring Address					
P.O. BOX 17467 CLEARWATER FL 34622		P.O. BOX 17467 CLEARWATER FL 34622			
				3. Date incorporated or Qualified 06/27/1983	3a. Date of Last Report 05/01/1995
Dringing On	og of Rusiness	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address 26		· —		59-2508806	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		} ···-ŋ		5. Certificate of Status Desired	\$8.75 Additional Fee Required
- City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23  Ζιρ	- Country	Z(p)	Country 30		□ No
24	g. Name and Address of Currer			10. Name and Address of New R	egistered Agent
	•		81 Name		
WILLIAMS BEVERLY 5590 ULMERTON RD. CLEARWATER FL 34622			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
			83		
			63		
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the change was authorized by		84 City		FL 85 Zip Code	
	Synchine, typed or proper runse of regions it agric	reconstruction and account of the CORS	ATE Buyetised Agest signature reque	oration submits this statement for the purard of directors. I hereby accept the appropriate the control of the pure statement of the	DATE
TITLE	PD	[_] DELETE	1 1111116		□ change □ vocation
NAME	YEPES, CARLOS		1.2 NAME		
STREET ADDRESS	P.O. BOX 17467 N/A		1.3 STREET ADDRESS 1.4 City - St - Zip		
CITY - S1 - ZIP	CLEARWATER FL 34622	☐ DELETE	2   TITLE		Change Addition
TITLE NAME	GUZZO ROBERT	<u>_</u>	2.2 NAME		
STREET ADDRESS	P.O. BOX 1746		2.3 STREET ADDRESS		
CITA-21-SIS	CLEARWATER FL 34622		2.4 CiTY   \$1 - ZiP		Change Addition
TITLE		DELF16	3 1 Total		□ c⊪ange □ xoon on
NAM5			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY - ST - ZIP		- DELETE	3.4 CITY-ST 7IP 4.1 TITLE		Change Addition
TITLE		LJ otti it	4.2 NAME		
NAME			4.3 STREET ADORESS		
STREET ADDRESS			4 4 CiTY - ST - ZIP		
CITY ST-ZIP			4 4 611 1 - 51 - 211		
NAME	II.	DELF1E	5 1 TiTLE	1000018	40620trage Addition
1		DELF1E		-05/28/9601	· - · · · · · · · · · · · · · · · · · ·
STREET ADDRESS		DELETE	5 I TITLE	1000018 -05/28/960 ***1200.00	,
STREET ADORESS CITY-ST-ZIP			5 1 TOTLE 52 NAME 53 STREET ADDRESS 54 CITY - ST- ZIP	-05/28/9601	1030004
		DÉLETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST-ZIP 6 1 TITLE	-05/28/9601	,
CITY-ST-ZIF			5 1 TOTLE 52 NAME 53 STREET ADDRESS 54 CITY - ST- ZIP	-05/28/9601	1030004

6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with trus 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 eport 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 office: or director of the coupling of 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 if changed, but it is the point with an address. 4-29-96 Batter France 1

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR