


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G63741** (4)  
1. Corporation Name  
**FIRST FLORIDA FINANCIAL GROUP, INCORPORATED**

Principal Place of Business <b>5150 S. FLORIDA AVE. SUITE 309 LAKELAND FL 33813 US</b>	Mailing Address <b>PO BOX 6236 LAKELAND F 33807-6236 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified <b>10/04/1983</b>	
21		25		4. FEI Number <b>59-2404681</b>	
22		26		Applied For Not Applicable	
23		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26		30		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>PARKS, JOHN PAUL 5300 S. FLORIDA AVE. LAKELAND FL 33803</b>				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDEL, JOHN F	1.2 NAME	
STREET ADDRESS	5300 S. FLORID AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDEL, ALBERT G	2.2 NAME	
STREET ADDRESS	6782 S. PINEBRANCH PT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	
TITLE	SDV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRITTON, CHARLES P.	3.2 NAME	
STREET ADDRESS	5300 S. FLORIDA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS JR., THOMAS A.	4.2 NAME	
STREET ADDRESS	3000 ROYAL MARCO WAY, UNIT 615	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, THOMAS	5.2 NAME	
STREET ADDRESS	483 E. JENKINS ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify 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 if changed, or on an attachment with an address.

SIGNATURE:

*Albert G Wendel*

4/30/98

352/621-0327

CR2E034 (10/97)