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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **G92299** **(8)**

1. Corporation Name
FIRST FINANCIAL REAL ESTATE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
401 N. TRYON ST., NC1-021-03-09 CHARLOTTE NC 28255	401 N. TRYON ST., NC1-021-03-09 CHARLOTTE NC 28255

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/21/1984

4. FEI Number
65-0034381
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFSON, MERYL
C/O CHASE FEDERAL BANK
7300 N KENDALL DR
MIAMI BEACH FL 33139

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 607.0202 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, TURNER B		1.2 NAME	
STREET ADDRESS	401 N. TRYON ST., NC1-021-03-09		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255		1.4 CITY-ST-ZIP	
TITLE	SVPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOUGHLIN, EDITH M		2.2 NAME	
STREET ADDRESS	401 N. TRYON ST., NC1-021-03-09		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAURAY, JEFFREY J		3.2 NAME	
STREET ADDRESS	401 N. TRYON ST., NC1-021-03-09		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STARK, EDWARD J		4.2 NAME	
STREET ADDRESS	401 N. TRYON ST., NC1-021-03-09		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LUCAS, MARY ANN		5.2 NAME	
STREET ADDRESS	401 N. TRYON ST., NC1-021-03-09		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255		5.4 CITY-ST-ZIP	
TITLE	AST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RHOADS, LYNN L		6.2 NAME	
STREET ADDRESS	401 N. TRYON ST., NC1-021-03-09		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255		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 added on an attachment with an address.

SIGNATURE: Gary S. Williams Gary S. Williams 4-27-98 704 386-5956

CR2E034 (10/97)