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OFF. OF SEC. OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G92299

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	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/21/1984	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0034381	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLFSON, MERYL C/O CHASE FEDERAL BANK 7300 N KENDALL DR MIAMI BEACH FL 33139	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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	VP	☐ Change ☐ Addition
NAME	DAURAY, JEFFREY J		3.2 NAME	Duane L. Smith	
STREET ADDRESS	401 N. TRYON ST., NC1-021-03-09		3.3 STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255		3.4 CITY-ST-ZIP	CHARLOTTE NC 28256	
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	5/19/99 90018 001 7500.00	

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, with all other like empowered.

SIGNATURE: Duane L. Smith **DUANE L. SMITH, VP** **4/23/99** **704-388-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

AD