


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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G92801 (1)**  
 1. Corporation Name  
**FLORIDA FINANCE GROUP INC.**



Principal Place of Business <b>P.O. BOX 2207 PINELLAS PARK FL 34664-2207</b>	Mailing Address <b>P.O. BOX 2207 PINELLAS PARK FL 33780-2207</b>
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3. Date Incorporated or Qualified <b>03/23/1984</b>	3a. Date of Last Report <b>02/13/1996</b>
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2. Principal Place of Business 21 <b>5200 S. Washington Ave</b>	2a. Mailing Address 26 <b>5200 S. Washington Ave</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Titusville, FL</b>	28 City & State <b>Titusville, FL</b>
24 Zip <b>32780</b>	29 Zip <b>32780</b>
25 Country	30 Country

4. FEI Number <b>59-2384510</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, GARY R.  
8190 68TH ST. N.  
PINELLAS PARK FL 35665**

10. Name and Address of New Registered Agent

81 Name <b>James Neal Hutchinson, Jr.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5200 S. Washington Ave.</b>
83
84 City <b>Titusville</b>
85 Zip Code <b>FL 32780</b>

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: *James Neal Hutchinson, Jr.* DATE: **4/29/97**

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>SMITH, GARY R.</b>	
STREET ADDRESS <b>8022 BAYHAVEN DR.</b>	
CITY-ST-ZIP <b>SEMINOLE FL</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>SIEBEL, DONNA L.</b>	
STREET ADDRESS <b>5272 52ND AVE N.</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Smith, Gary R.</b>	
1.3 STREET ADDRESS <b>5200 S. Washington Ave.</b>	
1.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	
2.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Siebel, Donna L.</b>	
2.3 STREET ADDRESS <b>5200 S. Washington Ave.</b>	
2.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	
3.1 TITLE <b>V/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Hutchinson, Jr., James Neal</b>	
3.3 STREET ADDRESS <b>5200 S. Washington Ave.</b>	
3.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	
4.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Bonnano, Charles</b>	
4.3 STREET ADDRESS <b>5200 S. Washington Ave.</b>	
4.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	
5.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Warren, Robert</b>	
5.3 STREET ADDRESS <b>5200 S. Washington Ave.</b>	
5.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>300002178743</b>	
6.3 STREET ADDRESS <b>-05/14/97--01104--005</b>	
6.4 CITY-ST-ZIP <b>***165.00</b>	

14. I do 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: *James Neal Hutchinson, Jr.* DATE: **4/29/97** DAYTIME PHONE #: **407-269-9680**

CR2E034 (9/96)