

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H76393** (8)

1. Corporation Name

**AMERICAN 1ST FINANCIAL CORP.**



Principal Place of Business

**2701 CLEVELAND AVENUE  
FORT MYERS FL 33901**

Mailing Address

**2701 CLEVELAND AVENUE  
FORT MYERS FL 33901**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc. **#2**

26 State, Apt. #, etc. **#2**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROYAL, DAN, JR.  
2701 CLEVELAND AVENUE  
FT. MYERS FL 33901**

3. Date Incorporated or Qualified  
**09/17/1985**

3a. Date of Last Report  
**05/22/1995**

4. FEI Number  
**59-2732889**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes. ☒ Yes ☐ No

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 607.0607 and 607.1508, Florida Statutes, I, the undersigned, submit 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 s. 607.0603, Florida Statutes.

SIGNATURE

Signature of person making this statement

Signature of the person making this statement

Date

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>ROYAL, DAN JR.</b>    |                                 |
| STREET ADDRESS | <b>36 LAGOON STREET</b>  |                                 |
| CITY-STATE-ZIP | <b>N. FT. MYERS FL</b>   |                                 |
| TITLE          | <b>PST</b>               | <input type="checkbox"/> DELETE |
| NAME           | <b>NEWMAN, ELISABETH</b> |                                 |
| STREET ADDRESS | <b>2022 NE 3RD ST</b>    |                                 |
| CITY-STATE-ZIP | <b>CAPE CORAL FL</b>     |                                 |
| TITLE          | <b>VP</b>                | <input type="checkbox"/> DELETE |
| NAME           | <b>JACKSON, SHARON</b>   |                                 |
| STREET ADDRESS | <b>1101 SW 48TH ST.</b>  |                                 |
| CITY-STATE-ZIP | <b>CAPE CORAL FL</b>     |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-STATE-ZIP |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-STATE-ZIP |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-STATE-ZIP |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-ZIP |                                                                   |

14. I do hereby certify that the information supplied with this report 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 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 registered or proposed officer or director of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

**Dan Royal, Jr.-Dir**

**3/25/96**

**(941) 334-1776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)