

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M16192** (0)
1. Corporation Name
FLAGLER FEDERAL FINANCE CORP.

Principal Place of Business 600 STEAMBOAT ROAD GREENWICH CT 06830	Mailing Address 600 STEAMBOAT ROAD GREENWICH CT 06830
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1985	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2547182		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	DIRECTOR/SECRETARY
NAME	PEET, STEPHEN M	1.2 NAME	PAUL D. STEVELMAN
STREET ADDRESS	75 PHEASANT DRIVE	1.3 STREET ADDRESS	3 PEACEABLE ST SOUTHALEM, NY 10590
CITY-ST-ZIP	NEW CANAAN CT 06840	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DIRECTOR
NAME	JONES, DAVID R	2.2 NAME	WAYNE C. OLSON
STREET ADDRESS	2 OCEAN AVENUE	2.3 STREET ADDRESS	33 SUMMIT DR HASTINGS-ON-HUDSON, NY 10706
CITY-ST-ZIP	N. SCITUATE MA 02066	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	
NAME	HOLLOWAY, GARY F	3.2 NAME	
STREET ADDRESS	9 DEW LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	
NAME	KRUGER, KONRAD R	4.2 NAME	
STREET ADDRESS	35 BINNEY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLD GREENWICH CT 06870	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	
NAME	TUNG, PEITI	5.2 NAME	
STREET ADDRESS	193 HAMILTON AVE. #6	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	5.4 CITY-ST-ZIP	
TITLE	SVTC	6.1 TITLE	
NAME	PICCOLI, KEVIN C	6.2 NAME	
STREET ADDRESS	773 WOODED TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	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 registered agent 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

Paul D. Stevelman 1/18/98 (222) 425-2511

CR2E034 (10/97)