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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N51379 (8)
1. Corporation Name
FIRST THINGS FIRST INC.



Principal Place of Business Mailing Address
2677 FOREST HILL BLVD 2677 FOREST HILL BLVD
SUITE 108 SUITE 108
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406-5941

3. Date Incorporated or Qualified 10/19/1992 3a. Date of Last Report 03/28/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0416778 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 Country 29 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFRED, GODEFRIEDA P
2677 FOREST HILL BLVD.
SUITE 108
WEST PALM BEACH FL 33406

81 Name Hucks, Myra L.
82 Street Address (P.O. Box Number is Not Acceptable) 2677 Forest Hill Blvd
83 Suite 108
84 City W Palm Beach FL 85 Zip Code 33406

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Myra L. Hucks* President 1-8-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFRED, GODEFRIEDA	1.2 NAME	MYRA L. HUCKS
STREET ADDRESS	1844 TUCKER RD	1.3 STREET ADDRESS	456 Jennings Ave
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	Greenacres, FL 33463
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADDOCK, BRENDA K	2.2 NAME	TOM TOCCI
STREET ADDRESS	235 ATLANTIC AVE	2.3 STREET ADDRESS	6915 Tradewinds Way
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROHDES, DOLLY M	3.2 NAME	JENNIFER VOLTEN
STREET ADDRESS	9014 LANTERN DR	3.3 STREET ADDRESS	5130 SOCIETY PL W #1
CITY-ST-ZIP	LAKE WORTH FL 33467	3.4 CITY-ST-ZIP	W. Palm Bch, FL 33415
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD, HARRY	4.2 NAME	HARDMAN, MICHAEL
STREET ADDRESS	1012 - 7TH AVE SOUTH #2	4.3 STREET ADDRESS	202 LAKE OSSIBUN #1
CITY-ST-ZIP	LAKE WORTH FL 33460	4.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEGA, SHERRI	5.2 NAME	SILVERNAIL, DARLENE P.
STREET ADDRESS	3764 MIL RACE CT	5.3 STREET ADDRESS	5719 Ithaca Circle
CITY-ST-ZIP	GREENACRES FL 33406	5.4 CITY-ST-ZIP	Lake Worth, FL 33463
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	COBB, JEAN	6.2 NAME	
STREET ADDRESS	2808 ACKLINS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Myra L. Hucks* REQUIRED Myra L. Hucks, President 1/13/97 (SW) 433-4971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040285

CR2E037 (9/96)