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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 SUITE 108 WEST PALM BEACH FL 33406
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3. Date Incorporated or Qualified
10/19/1992

4. FEI Number
65-0416778

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
HUCKS, MYRA L
2677 FOREST HILL BLVD
STE 108
WEST PALM BEACH FL 33406

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 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* Myra L. Hucks, PD 2/16/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUCKS, MYRA L - <i>AMENDED</i>	
STREET ADDRESS	456 JENNINGS AVE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOCCI, TOM	
STREET ADDRESS	6915 TRADEWINDS WAY	
CITY-ST-ZIP	LANTANA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YOLTEN, JENNIFER	
STREET ADDRESS	5130 SOCIETY PL W W	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDMAN, MICHAEL	
STREET ADDRESS	202 LAKE OSBORNE #1	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SILVERNAIL, DARLENE P	
STREET ADDRESS	05719 ITHACA CIR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COBB, JEAN	
STREET ADDRESS	2608 ACKLINS RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUCKS, MYRA L.	
1.3 STREET ADDRESS	418 NORTH D ST.	
1.4 CITY-ST-ZIP	GREENACRES, FL 33460	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LINDA SITES	
3.3 STREET ADDRESS	895 SOMMER RD W	
3.4 CITY-ST-ZIP	W.P.B., FL 33415	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JANNY A AIKIN	
5.3 STREET ADDRESS	356 WORTH AVE	
5.4 CITY-ST-ZIP	PALE BEACH, FL 33480	
6.1 TITLE	TASK FORCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DOROTHY GLASS	
6.3 STREET ADDRESS	7418 Clarke Rd.	
6.4 CITY-ST-ZIP	Lake Clarke Shores, FL 33406	

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

SIGNATURE: *Linda Sites* Linda Sites 2/16/98 561-683-1258
Signature, typed or printed name of registered agent and title if applicable Date

CR2E037 (10/97)