

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

FILED
Mar 26 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 # **P38142** (6)
1. Corporation Name
FLORIDA FINANCIAL RESOURCES CORP.

Principal Place of Business
**8251 NAVAARRE PKWY
STE B
NAVARRE FL 32566
US**

Mailing Address
**P O BOX 5217
NAVARRE FL 32566
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8285 NAVAARRE PKWY Suite, Apt. #, etc. 22 Suite B City & State 23 NAVARRE FL Zip 24 32566		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 03/31/1992	
4. FEI Number 59-3110073		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. 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

**REBHOLZ, MARY E
8251 NAVAARRE
SUITE A
NAVARRE FL 32566**

10. Name and Address of New Registered Agent

81 Name **MARY E REBHOLZ**
82 Street Address (P.O. Box Number is Not Acceptable)
8285 NAVAARRE PKWY
83 **Suite B**
84 City **NAVARRE** FL 85 Zip Code **32566**

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  **MARY E. REBHOLZ Pres. 3/20/98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	SECRETARY
NAME	REBHOLZ, MARY	1.2 NAME	ALFRED J BENDER III
STREET ADDRESS	2701 CREEKSEDE LANE	1.3 STREET ADDRESS	8251 NAVAARRE PKWY STE B
CITY-ST-ZIP	NAVARRE FL	1.4 CITY-ST-ZIP	NAVARRE FL 32566
TITLE	VTD	2.1 TITLE	Vice president / PRES
NAME	REDHOLTZ, MARY	2.2 NAME	MARY E. REBHOLZ
STREET ADDRESS	3853 INDIAN TRAIL	2.3 STREET ADDRESS	8251 NAVAARRE PKWY STE B
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	NAVARRE FL 32566
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: 

2-20-98 856 939-3580

CR2E034 (10/97)