

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

30 MAY 19 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003555 (9)

1. Corporation Name
FIRST GRAMPAN FINANCE CORPORATION

Principal Place of Business: **8430 N. ARMENIA AVE. TAMPA FL 33604 US**
Mailing Address: **8430 N. ARMENIA AVE. TAMPA FL 33604 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 11/02/1992	3a. Date of Last Report 06/14/1994
4. FIC Number 59-3152141	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
8. This corporation has liability for intangible tax under S. 199(0)(2), Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business: 8430 N. ARMENIA AVE. TAMPA FL 33604 US	2a. Mailing Address: 8430 N. ARMENIA AVE. TAMPA FL 33604 US
21. State, Apt. # or City, State	26. State, Apt. # or City, State
22. State, Apt. # or City, State	27. State, Apt. # or City, State
23. State, Apt. # or City, State	28. State, Apt. # or City, State
24. State, Apt. # or City, State	29. State, Apt. # or City, State
25. State, Apt. # or City, State	30. State, Apt. # or City, State

9. Name and Address of Current Registered Agent MOECKEL, RICHARD W 2650 ENTERPRISE RD. CLEARWATER FL 34623		10. Name and Address of New Registered Agent	
B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3.	B4. City
			FL B5. Zip Code

11. Pursuant to the provisions of Sections 220.01(1), and 220.15(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business of the Florida Department of State, as authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and understand the requirements of Sections 220.01(1), Florida Statutes.

SIGNATURE: _____

12. OFFICERS, MANAGING DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	DP MACKECHNIE, IAN 1502 E. FLETCHER AVE., SUITES C & D TAMPA FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DS MACKECHNIE, JEAN 1502 E. FLETCHER AVE., SUITES C & D TAMPA FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D MOECKEL, RICHARD W 2650 ENTERPRISE RD. CLEARWATER FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D PAGE, JOHN C 2650 ENTERPRISE RD. CLEARWATER FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information reported with this filing is accurate, furnished and is not equally for the corporation stated in Section 199(0)(2), Florida Statutes. I further certify that the information indicates that the corporation is in compliance with the requirements of the Florida Department of State, as authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and understand the requirements of Sections 220.01(1), Florida Statutes, and that my signature shall have the same legal effect as if it were made by the corporation.

SIGNATURE: *IAN MACKECHNIE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IAN MACKECHNIE

5/12/95 815-433-8393