

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 02 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified: **11/02/1992**
3a. Date of Last Report: **05/19/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3152141	Not Applicable
Suite, Apt #, etc:	Suite, Apt #, etc:	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

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

81 Name: **JOHN A. ANTHONY ESQUIRE**
82 Street Address (P.O. Box Number is Not Acceptable): **501 E. KENNEDY BOULEVARD**
83 **SUITE 1400**
84 City: **TAMPA** FL 85 Zip Code: **33601**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* Date: **June 10, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP
NAME	MACKECHNIE, IAN	12 NAME	MACKECHNIE, IAN
STREET ADDRESS	1502 E. FLETCHER AVE., SUITES C & D	13 STREET ADDRESS	8430 N. ARMENIA AVENUE
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA FL 33604
TITLE	DS	21 TITLE	DS
NAME	MACKECHNIE, JEAN	22 NAME	MACKECHNIE, JEAN
STREET ADDRESS	1502 E. FLETCHER AVE., SUITES C & D	23 STREET ADDRESS	8430 ARMENIA AVENUE
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL 33604
TITLE	D	31 TITLE	
NAME	MOECKEL, RICHARD W	32 NAME	
STREET ADDRESS	2650 ENTERPRISE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	PAGE, JOHN C	42 NAME	
STREET ADDRESS	2650 ENTERPRISE RD.	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **IAN MACKECHNIE** 6/6/96 813-933-8393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)