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TEL:

Apr 26 1999 7:29 No.001 P.02

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P92000003555**  
1. Corporation Name  
**FIRST GRAMPAN FINANCE CORPORATION**

99 APR 27 11:10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
21 **4635 McEwen Rd.**      2a **4635 McEwen Rd.**  
22 **Dallas, Texas**      22 **Dallas, Texas**  
23 **75244**      23 **75244**  
24 **US**      24 **US**

3. Date Incorporated or Qualified  
**11/02/1992**

4. FEI Number      Applied For  
**59-3152141**       Not Applicable

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. This corporation owes the current year Intangible  
Personal Property Tax.       Yes       No

8. Name and Address of Current Registered Agent  
**MACKECHNIE, IAN**  
**8430 N. ARMENIA AVE. ← delete**  
**TAMPA FL 33604**

10. Name and Address of New Registered Agent  
81 Name      **STEVEN M. MALONO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**CARLTON FIELDS**  
83 **215 S. Monroe St. Suite 500**  
84 City      **Tallahassee**      FL      85 Zip Code  
**32301**

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: Steven M. Malono      DATE: 4/27/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MACKECHNIE, IAN	
STREET ADDRESS	8430 ARMENIA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MACKECHNIE, JEAN	
STREET ADDRESS	8430 ARMENIA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEACH, JAMES G.	
1.3 STREET ADDRESS	4635 N. Ewen Rd.	
1.4 CITY-ST-ZIP	Dallas Texas 75244	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(5)(i), Florida Statutes. I further certify that the information included 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]      DATE: 3-31-99      972 702 0800

CP/CE/CA (11/199)