

PROFIT
CORPORATION
ANNUAL REPORT
1996



DIVISION OF COMMERCE

1. Corporation Name

FAMILY FINANCE, INC.

Principal Place of Business

13815 LAKE VILLAGE PLACE
TAMPA FL 33624

Mailing Address

13815 LAKE VILLAGE PLACE
TAMPA FL 33624

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

CRAMER, NANCY
13815 LAKE VILLAGE PLACE
TAMPA FL 33624

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

[illegible]

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12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	CRAMER, NANCY H		1.2 NAME		
STREET ADDRESS	13815 LAKE VILLAGE PLACE		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	CRAMER, TERRANCE JR		2.2 NAME		
STREET ADDRESS	6201 NEBRASKA AVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2.4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	CRAMER, TERRANCE SR		3.2 NAME		
STREET ADDRESS	13815 LAKE VILLAGE PL		3.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		3.4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	BACKSTROM, RUSSELL		4.2 NAME		
STREET ADDRESS	13813 LAKE VILLAGE PL		4.3 STREET ADDRESS		
CITY - ST - ZIP	TAMOA FL		4.4 CITY - ST - ZIP		
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	BACKSTOM, CANDICE		5.2 NAME		
STREET ADDRESS	13813 LAKE VILLAGE		5.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

(813) 238-8451

CR2E034 (12/95)