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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200005701 (7)

FAMILY FINANCE, INC.

TAMPA FL 38824 TAMPA FL 38824 3. Date Incorporated or Qualified 11/16/1992 3. Date Incorporated or Qualified 3. Date Incorporated Status Desired 3. Date Incorporated Status Desired Status	Principal Place of Business Mailing Address 13815 LAKE VILLAGE PLACE 13815 LAKE VILLAGE PLACE						
11/16/1992 03/20/1998 23/20/1998 26/	13815 LAKE VILLAGE PLACE TAMPA FL 33624			•			
2. Procepted Place of Reserves 2a Mailing Address 4. FEI Number Applied For Nor Added to Fees Nor Address Nor Added to Fees Nor Address Nor Added to Fees Nor Added to Fees Nor Added For Nor Address							
Suite. Apt. #, etc. 20	2. Principal	Place of Business	2a. Mailing Address		The state of the s	Applied For	
City & States		I # ote			59-3153612	Not Applicable	
City & State 23 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	h	4 #, CIC.	 		5. Certificate of Status Desire		
Zep Country Zep Sep Sep Sep Sep Sep Sep Sep Sep Sep S	City & Sta	ate	City & State	***************************************	, -	T	
28		Country		Country			
9. Name and Address of Current Registered Agent CRAMER, NANCY 13815 LAKE VILLAGE PLACE TAMPA FL 33824 13. Pursuant to the provisions of Sections 607.05.02 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent if an ignative with and accept the gragation of, 35ct change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the provisions of the provisions of Sections 607.0502. Florida Statules. SIGNATURE SIGNA	·	├ ──¬	-}		•	Yes X No	
Street Address (P.O. Box Number is Not Acceptable)					10. Name and Address of N	ew Registered Agent	
TAMPA FL 33624 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent 1 and 1 agentary with, and accept the chigations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OF FICERS AND DIRECTORS 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12 TITLE CRAMER, NANCY H 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12 TITLE CRAMER, NANCY H 12. TAMPA FL 12. OF FICERS AND DIRECTORS 13. SIRETADORSS 10.17.57.2P TITLE P CRAMER, TERRANCE JR 82.1 MAME B2.1 MAME CRAMER, TERRANCE JR 82.1 MAME CRAMER, TERRANCE SR 32.1 MAPA FL 10.1 STATE 10.1 DELETE 3.1 TITLE 10. CRAMER, TERRANCE SR 32.1 MAPA 33.1 STATE ADDRESS 138.15 LAKE VILLAGE PL 13. SIRETADORSS 10.1 STATE 10.1 Change Addition AMA CRAMER, TERRANCE SR 32.1 MAPA 33.1 STATE ADDRESS 138.15 LAKE VILLAGE PL 10. 10. 10. 10. 10. 10. 10. 10				81 Na	arne		
B3 B4 City FL B5 Zip Code				82 Str	82 Street Address (P.O. Box Number is Not Acceptable)		
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 and incline with, and accept the opingations of Section 607 0505, Florida Statutes. SIGNATURE SIGNAT	IAI	MPA FL 33624		83			
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 and incline with, and accept the opingations of Section 607 0505, Florida Statutes. SIGNATURE SIGNAT				24 50		leel 20 O de	
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Agent I am tamentar with, and accept the captagations of, Section 607.0595, Florida Statutes SIGNATURE SIGNATURE SIGNATURE SINCE TO BE STATE TO BE	l office or	r registered agent, or both, in the State (of Florida. Such change was a	uthorized by the	med corporation submits this statement fo corporation's board of directors. I hereby	r the purpose of changing its registered accept the appointment as registered	
Table Date	agent 1	am tamiliar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes.	·		
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14. I do 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.

62 NAME

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS CHTV+ST-ZIP

PUNCY H

AME OF SIGNING OFFICER OF DIRECTOR

1-21-97

8139613318

FILED

Jan 27 1997 8:00am

Secretary of State