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FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P92000005701 (7)

1. Corporation Name

FAMILY FINANCE, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

4. FEI Number

59-3153612

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

No

10. Name and Address of New Registered Agent

Principal Place of Business

Mailing Address

13815 LAKE VILLAGE PLACE  
TAMPA FL 33624

13815 LAKE VILLAGE PLACE  
TAMPA FL 33624

2. Principal Place of Business

2a. Mailing Address

6201 N NEBRASKA AVE.  
TAMPA, FL 33604

P.O. Box 9383  
TAMPA, FL 33674

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

Zip Country

Zip Country

33604

33674

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

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 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

*Nancy H. Cramer*

(NOTE: Registered Agent signature required when ratifying)

DATE

1-10-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CRAMER, NANCY H  
STREET ADDRESS 13815 LAKE VILLAGE PLACE  
CITY-ST-ZIP TAMPA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P  
NAME CRAMER, TERRANCE JR  
STREET ADDRESS 6201 NEBRASKA AVE  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP  
NAME CRAMER, TERRANCE SR  
STREET ADDRESS 13815 LAKE VILLAGE PL  
CITY-ST-ZIP TAMPA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP  
NAME BACKSTROM, RUSSELL  
STREET ADDRESS 13813 LAKE VILLAGE PL  
CITY-ST-ZIP TAMPA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  
NAME BACKSTROM, CANDICE  
STREET ADDRESS 13813 LAKE VILLAGE  
CITY-ST-ZIP TAMPA FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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(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.

SIGNATURE: *Nancy H. Cramer*

Date

Daytime Phone #

Signature

CR2E034 (10/97)