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Apr 01 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 # P93000007201 (5)
1. Corporation Name
FIRST NATIONAL FINANCE OF SOUTHWEST FLORIDA, INC



Principal Place of Business

Mailing Address

1700 MEDICAL LANE
STE. 102
FT MYERS FL 33907
US

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STE. 102
FT MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/25/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0383478	
24 Country		29 Country		5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAYTON, BENJAMIN A
11998 ROYAL TEE CIRCLE
CAPE CORAL FL 33991

81 Name	CLAYTON, BENJAMIN A.
82 Street Address (P.O. Box Number is Not Acceptable)	11943 PRINCE CHARLES CT
83	
84 City	CAPE CORAL
85 Zip Code	33991

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]* 1 RESIDENT *[Signature]* 3-25-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	CLAYTON, BENJAMIN A.	1.2 NAME	CLAYTON, BENJAMIN A.
STREET ADDRESS	11398 ROYAL TEE CIRCLE	1.3 STREET ADDRESS	11943 PRINCE CHARLES CT.
CITY-ST-ZIP	CAPE CORAL FL 33991	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	ST	2.1 TITLE	ST
NAME	NICKEL-CLAYTON, KELLIE	2.2 NAME	NICKEL-CLAYTON, KELLIE
STREET ADDRESS	11398 ROYAL TEE CIRCLE	2.3 STREET ADDRESS	11943 PRINCE CHARLES CT.
CITY-ST-ZIP	CAPE CORAL FL 33991	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* PRES. BENJAMIN 3-25-98 941 936 0007

CR2E034 (10/97)