

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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



Principal Place of Business 1700 MEDICAL LANE STE. 102 FT MYERS FL 33907 US	Mailing Address 1700 MEDICAL LANE STE. 102 FT MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/25/1993	
4. FEI Number 65-0383478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
**CLAYTON, BENJAMIN A
 11398 ROYAL TEE CIRCLE
 CAPE CORAL FL 33991**

10. Name and Address of New Registered Agent

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 FL 33991

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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]* **RESIDENT BENJAMIN CLAYTON** **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

TITLE	PST	<input type="checkbox"/> DELETE
NAME	CLAYTON, BENJAMIN A.	
STREET ADDRESS	11398 ROYAL TEE CIRCLE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	NICKEL-CLAYTON, KELLIE	
STREET ADDRESS	11398 ROYAL TEE CIRCLE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
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	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLAYTON, BENJAMIN A.	
1.3 STREET ADDRESS	11943 PRINCE CHARLES CT.	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33991	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NICKEL-CLAYTON, KELLIE	
2.3 STREET ADDRESS	11943 PRINCE CHARLES CT.	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33991	
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(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]* **RES. BENJAMIN** **3-25-98** **941 936 0007**

CR2E034 (10/97)