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

PROFIT CORPORATION ANNUAL REPORT



13 if changed for not and

SIGNATURE:

LLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1997 8:00am

Secretary of State

Dayline Prione #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

## DOCUMENT # P93000030231 (3)

FIRST FINANCIAL OF SOUTH FLORIDA, INC.

Principal Place of Business Mading Address 20197 N.E. 16TH PLACE 20197 N.E. 16TH PLACE MIAMI FL 33179-2721 MIAMI FL 33178 3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1993 01/24/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 65-0410379 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, €te \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OLINICK, SCOTT 21160 MAIN SAIL CIR. H75 82 Street Address (P.O. Box Number is Not Acceptable) N. MIAMI BEACH FL 33180 A3 Zip Code 11. Pursuant to the previsions 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. Fam. familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 13/52 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **V** DELETE Change Addition THLE 1.1 TOLE President OLINICK, SCOTT 1.2 NAME Kerri Olinica NAV: 1257 S. Pine Island Rd 21160 MAIN SAIL CIRCLE, H15 STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH FL 33180 1.4 CITY - ST-ZIP City - St - 7IF **K**DELETE Change Addition 71116 211111.6 U. PRSID RUSSO, KERRI Scott Olinich NAME 2.2 NAME 1257 S. Pin Island Pul 8965 SPRINGTREE LAKES DRIVE 2.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 FL 2 4 CITY - ST-ZIP CITY - \$1 - 210 DELETE Change Addition 3.1.1111.6 TITLE MILLER, DAVID NAME 3.2 NAME 21160 MAIN SAIL CIRCLE H-15 STREET ADDRESS 33 STREET ADDRESS N. MIAMI BEACH FL 33179 3.4. CITY - ST- ZIP CHTY - ST - 747 DEFFE Сhange Addition 4 1 TITLE TIL.E NAME 4 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS  $C(\Gamma^*V \cap S^{(1)}, Z(P)$ 4.4 CITY-ST-ZIP DELFTE Change Addition STITLE THEF 500002065495 5.2 NAME NAME -01/23/97--01008---023 STREET ADDRESS 5.3 STREET ADDRESS \*\*\*165.00 5.4 City - St - ZIP City-St-Zir DELETÉ Addition Change THE 61 TITLE NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS

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 armual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

hment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR