

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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90033 013 \*\*\*150.00

0306517

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P93000030231

1. Corporation Name  
**FIRST FINANCIAL OF SOUTH FLORIDA, INC.**



|  |  |
|--|--|
| Principal Place of Business                        | Mailing Address                                    |
| 1257 S PINE ISLAND RD<br>PLANTATION FL 33324<br>US | 1257 S PINE ISLAND RD<br>PLANTATION FL 33324<br>US |

DO NOT WRITE IN THIS SPACE

|                                  |                              |
|----------------------------------|------------------------------|
| 2. Principal Place of Business   | 2a. Mailing Address          |
| 21 1261 S. Pine Is Rd            | 26 2875 Hunter Rd            |
| 22 Suite, Apt. #, etc.           | 27 Suite, Apt. #, etc.       |
| 23 City & State<br>Plantation FL | 28 City & State<br>Weston FL |
| 24 Zip<br>33324                  | 29 Zip<br>33331              |
| 25 Country<br>USA                | 30 Country<br>USA            |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified   | Applied For  |
| 04/26/1993  | Not Applicable   |
| 4. FEI Number   |  |
| 65-0410379  |  |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                           |
| <input type="checkbox"/>  |  |
| 6. Election Campaign Financing  | \$5.00 May Be Added to Fees                              |
| Trust Fund Contribution   | <input type="checkbox"/>                                 |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent  
**OLINICK, SCOTT**  
 1257 S PINE ISLAND RD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

|   |                        |
|---|------------------------|
| 81 Name   | Olinick, Scott         |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1261 S. Pine Island Rd |
| 83  |                        |
| 84 City   | Plantation FL          |
| 85 Zip Code   | 33324                  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> DELETE |
| NAME           | OLINICK, KERRI         |                                 |
| STREET ADDRESS | 1257 S. PINE ISLAND RD |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33324    |                                 |
| TITLE          | VP                     | <input type="checkbox"/> DELETE |
| NAME           | OLINICK, SCOTT         |                                 |
| STREET ADDRESS | 1257 S. PINE ISLAND RD |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33324    |                                 |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 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, with an other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/5/99 DAYTIME PHONE #: 984-474-4177

CR2E034 (11/98)