

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

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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000056565 (2)**

1. Corporation Name
MARICOPA FINANCIAL CORPORATION



Principal Place of Business % DAVID M. MOBLEY, SR. 10621 AIRPORT-PULLING RD. N., SUITE 1 NAPLES FL 34104	Mailing Address % DAVID M. MOBLEY, SR. 10621 AIRPORT-PULLING RD. N., SUITE 1 NAPLES FL 34109-1599
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1994		3a. Date of Last Report 02/07/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 605-6050857 65-0508570		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MOBLEY, DAVID M 2700 S HORSESHOE DR NAPLES FL 33942-6154				10. Name and Address of New Registered Agent			
				81 Name	Leo Salvatori		
				82 Street Address (P.O. Box Number is Not Acceptable)	4501 W. Miami Tr. #300		
				83			
				84 City	Naples	85 FL	86 Zip Code 34103

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  DATE **1/16/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	P	MOBLEY, DAVID M	2700 S HORSESHOE DR NAPLES FL 33942-6154				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	SV	MOBLEY, GWENDOLYN	2700 S. HORSESHOE DR. NAPLES FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	T	TSANG, KENNETH K.	2700 S. HORSESHOE DR. NAPLES FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
					VP	William E. Mobley	10621 Airport-Pulling Rd. #1 Naples, FL 34109
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
					Secretary	Candace S. Sweet	10621 Airport-Pulling Rd. #1 Naples, FL 34109
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 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:  DATE **1-6-97** DAYTIME PHONE # **(941) 594-0077**

CR2E034 (9/96)