SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000057718 (6)**

1. Corporation Name
FLORIDA FIRST COAST, INC.

Principal Place of Business
96 FLAGLER PLAZA DRIVE
PALM COAST FL 32137

Mailing Address
96 FLAGLER PLAZA DRIVE
PALM COAST FL 32137

OK Sama

Ok Sama

2. Principal Place of Business
21 96 Flagler Plaza Dr.
Suite, Apt #, etc
22 —
City & State
23 Palm Coast, FL
Zip 24 32137 Country 25 Flagler

2a. Mailing Address
26 96 Flagler Plaza DR.
Suite, Apt #, etc
27 —
City & State
28 Palm Coast, FL
Zip 29 32137 Country 30 Flagler

3. Date Incorporated or Qualified: 08/04/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: APPLIED FOR 57-3290086 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent
NIEMINEN, SCOTT
1431 LAMBERT AVE.
FLGLER BEACH FL 32136

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 of 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 X [signature] 8/3/96
(Signature of or printed name of registered agent and title, if applicable) (Date) (Registered Agent's Signature required when name changed)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEIMINEN, APUL K.
STREET ADDRESS	503 N ORNAGE AVENUE
CITY-ST-ZIP	BUNNELL FL
TITLE	VP
NAME	NEIMINEN, SCOTT K.
STREET ADDRESS	1431 LAMBERT AVENUE
CITY-ST-ZIP	FLGLER BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

[ ] Change [ ] Addition

900001930199
-08/23/96--01004--001
***233.75

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] PAUL K. NIEMINEN 8/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-439-1555
Daytime Phone