


FILED

May 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P95000008805 (0)</b>			
<b>1. Corporation Name</b> <b>FUTURE FIRST FINANCIAL GROUP, INC.</b>			
<b>Principal Place of Business</b> <b>413 PABLO AVE. N.</b> <b>JACKSONVILLE BEACH FL 32250</b>		<b>Mailing Address</b> <b>413 PABLO AVE. N.</b> <b>JACKSONVILLE BEACH FL 32250-5540</b>	
<b>2. Principal Place of Business</b> <b>21 5000 SAWGRASS VILLAGE CIR.</b> Suite, Apt. #, etc. <b>22 SUITE 23</b> City & State <b>23 PONTE VEDRA BCH FL.</b> Zip <b>24 32082</b>		<b>2a. Mailing Address</b> <b>26 5000 SAWGRASS VILLAGE CIR.</b> Suite, Apt. #, etc. <b>27 SUITE 23</b> City & State <b>28 PONTE VEDRA BCH FL.</b> Zip <b>29 32082</b>	
<b>9. Name and Address of Current Registered Agent</b>			
<b>WHITE, CHRISTOPHER A</b> <b>3010 SOUTH THIRD STREET</b> <b>JACKSONVILLE BEACH FL 32250</b>			<b>81 Name</b> <b>82 Street Address</b> <b>83</b> <b>84 City</b>
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corp. office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b>			
(NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>12. TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <b>FILE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P → SPECIAL CORPORATION</b> <b>STECK, RANDY E</b> <b>413 PABLO AVE. N.</b> <b>JACKSONVILLE BEACH FL 32250</b> <input type="checkbox"/> DELETE <b>V</b> <b>SWEENEY, WILLIAM F</b> <b>413 PABLO AVE. N.</b> <b>JACKSONVILLE BEACH FL 32250</b> <input type="checkbox"/> DELETE <b>TS</b> <b>ANDERSON, ALAN H</b> <b>413 PABLO AVE. N.</b> <b>JACKSONVILLE BEACH FL 32250</b> <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE	<b>13.</b> <b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b> <b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b> <b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b> <b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b> <b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b> <b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed or on an attachment with an address.</b>			
<b>SIGNATURE:</b>			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)