


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995 7



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

**FILED**  
97 SEP 18 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000045625  
1. Corporation Name  
**FIRST FLORIDA LENDING CORPORATION, INC.**

Principal Place of Business Mailing Address  
**220 Lookout Place Suite 200  
Maitland, FL 32751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **6/13/95** 3a. Date of Last Report **4/29/96**

4. FEI Number **59-3319225** Applied For  Not Applicable

5. Certificate of Status Desired  **\$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  No

2. Principal Place of Business 2a. Mailing Address

21 **228 Park Avenue North** 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite J** 27

City & State City & State

23 **Winter Park, FL** 28

Zip Country Zip Country

24 **32789** 25 **U.S.A.** 29

9. Name and Address of Current Registered Agent

**Lehn E. Abrams  
801 N. Magnolia Avenue, Suite 201  
Orlando, FL 32803**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number, if Applicable) **228 Park Avenue North, Winter Park, FL 32789**

83 **09/19/97 0112 001**  
**\*\*\*\*550.00 \*\*\*\*550.00**

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 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	<b>PD</b>
NAME	<b>Susan H. Jacobs</b>
STREET ADDRESS	<b>220 Lookout Place Suite 200</b>
CITY-ST-ZIP	<b>Maitland, FL 32751</b>
TITLE	<b>VP</b>
NAME	<b>Lehn E. Abrams</b>
STREET ADDRESS	<b>801 N. Magnolia Avenue, Suite 201</b>
CITY-ST-ZIP	<b>Orlando, FL 32803</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Susan H. Jacobs</b>
1.3 STREET ADDRESS	<b>228 Park Avenue North Suite J</b>
1.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Lehn E. Abrams</b>
2.3 STREET ADDRESS	<b>801 N. Magnolia Avenue, Suite 201</b>
2.4 CITY-ST-ZIP	<b>Orlando, FL 32803</b>
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucy A 9/17/97 (407) 841-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #