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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000067914 (8)

1. Corporation Name
FIRST TRUST FINANCIAL SERVICES, INC.



Principal Place of Business
8889 PELICAN BAY BLVD
402
NAPLES FL 33940
US

Mailing Address
5052 TAMiami TRAIL NORTH
402
NAPLES FL 34103-2801
US

3. Date Incorporated or Qualified
09/01/1995

3a. Date of Last Report
06/27/1996

2. Principal Place of Business

21 8889 Pelican Bay Blvd

22 Suite 402

23 Naples FL

24 34108

25 USA

2a. Mailing Address

26 Same as

27 Quest #2

28

29

9. Name and Address of Current Registered Agent

SIMPSON, WILLIAM C III
8889 PELICAN BAY BLVD Suite 402
NAPLES FL 33940 34108

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME SIMPSON, WILLIAM C III
STREET ADDRESS 5052 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL 33940

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Simpson, William C. III Change
12 NAME
13 STREET ADDRESS 8889 Pelican Bay Blvd Suite 402
14 CITY-ST-ZIP Naples, FL 34108

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 [Signature] DATE 4/21/97 941-514-4800

CR2E034 (9/96)