

~~FILED NOW FILING FEE AFTER MAY 15 \$550.00~~

FILED

Aug 18 1997 8:00am  
Secretary of State

<b>AMENDED PROFIT CORPORATION ANNUAL REPORT</b> <b>1997</b> \$165.00	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 995000067914  
 1. Corporation Name  
**First Trust Financial Services, Inc.**

Principal Place of Business      Mailing Address  
**8889 Pelican Bay Blvd. Suite 402**  
**Naples, Florida 34108**      **Same**

3. Date Incorporated or Qualified <b>9/1/1995</b>	3a. Date of Last Report <b>5/1/1997</b>
4. FEI Number <b>65-0618631</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>8889 Pelican Bay Blvd.</b> Suite, Apt. #, etc.	26 <b>Same</b> Suite, Apt. #, etc.
22 <b>Suite 402</b> City & State	27 City & State
23 <b>Naples, Florida</b> Zip      Country	28 Zip      Country
24 <b>34108</b> 25 <b>USA</b>	29 30

9. Name and Address of Current Registered Agent <b>William C. Simpson, III</b> <b>8889 Pelican Bay Blvd.</b> <b>Suite 402</b> <b>Naples, Florida 34108</b>	10. Name and Address of New Registered Agent 81 Name <b>Christopher E. Mast</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>745 12th Avenue South</b> 83 <b>Suite B</b> 84 City <b>Naples</b> 85 Zip Code <b>FL 34102</b>
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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]      DATE August 13, 1997  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>Director</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William C. Simpson, III</b>	12 NAME	<b>Barbara B. Simpson</b>
STREET ADDRESS	<b>8889 Pelican Bay Blvd. Ste 402</b>	13 STREET ADDRESS	<b>8889 Pelican Bay Blvd, Ste 402</b>
CITY-ST-ZIP	<b>Naples, Florida 34108</b>	14 CITY-ST-ZIP	<b>Naples, Florida 34108</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>William C. Simpson, III</b>
STREET ADDRESS		23 STREET ADDRESS	<b>8889 Pelican Bay Blvd., Ste 402</b>
CITY-ST-ZIP		24 CITY-ST-ZIP	<b>Naples, Florida 34108</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	<b>Barbara B. Simpson</b>
STREET ADDRESS		33 STREET ADDRESS	<b>8889 Pelican Bay Blvd., Ste 402</b>
CITY-ST-ZIP		34 CITY-ST-ZIP	<b>Naples, Florida 34108</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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]      8/13/97      941-574-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Dauding Phone #

CR2E034 (9/96)