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 # P96000000506

1. Corporation Name
Easy Finance, Inc

Principal Place of Business
3865 Palm Beach Blvd
Ft Myers, Fl. 33916

Mailing Address
3945 Palm Beach Blvd.
Ft. Myers, Fl 33916

3. Date Incorporated or Qualified
12/26/95

3a. Date Last Report

4. FEI Number
65-0641699

Applied For / Not Applied For

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Electronic Corporate Financial Transfer Form Completion [ ] **$5.00** May Be Added to Fees

8. The corporation has liability sub-contractors under Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite Apt # etc
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt # etc
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
Glantz, Owen
3945 Palm Beach Blvd
Ft Myers, Fl. 33916

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 Section 607.0505, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Section 607.0505, Florida Statutes, provides that a corporation may change its registered office or registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	Margaret Curry
STREET ADDRESS	3945 Palm Bch Blvd.
CITY, ST, ZIP	Ft Myers Fl 33916
TITLE	D
NAME	Owen Glantz
STREET ADDRESS	3945 Palm Bch Blvd
CITY, ST, ZIP	Ft Myers, Fl 33916
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

300001903293
-07/24/96--01050--032
***225.00

7-24-96
JB

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: Margaret Curry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-96 941-694-4222

CR2E034 (3/96)