

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00 am
Secretary of State

DOCUMENT # P96000002841 (0)

1. Corporation Name

FIRST FLORIDA FINANCIAL RESOURCES, INC.

Principal Place of Business

813 E. BLOOMINGDALE AVENUE
SUITE 240
BRANDON FL 33511

Mailing Address

813 E. BLOOMINGDALE AVENUE
SUITE 240
BRANDON FL 33511-8113



2. Principal Place of Business		2a. Mailing Address	
21 607 WEST BAY STREET	26 1515 FOX HILL PLACE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 TAMPA, FLORIDA	28 VALRICO, FLORIDA		
Zip	Country	Zip	Country
24 33606	25 USA	29 33	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
01/05/1996	
4. FEI Number	Applied For
65-0633041	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FELICIANO, RAYMOND
813 E. BLOOMINGDALE AVENUE
SUITE 240
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name	Michael J. Crudele
82 Street Address (P.O. Box Number is Not Acceptable)	1515 FOX HILL PLACE
83	
84 City	VALRICO FLORIDA FL
85 Zip Code	33594

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]

(NOTE: Registered Agent signature required when reinstating)

1/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	✓ Change <input type="checkbox"/> Addition
NAME	FELICIANO, RAYMOND	1.2 NAME	
STREET ADDRESS	813 E. BLOOMINGDALE AVENUE, SUITE 240	1.3 STREET ADDRESS	1515 FOX HILL PLACE
CITY - ST - ZIP	BRANDON FL 33511	1.4 CITY - ST - ZIP	VALRICO, FLORIDA 33594
TITLE	PT	2.1 TITLE	✓ Change <input type="checkbox"/> Addition
NAME	CRUDELE, MICHAEL J	2.2 NAME	
STREET ADDRESS	813 E. BLOOMINGDALE AVENUE, SUITE 240	2.3 STREET ADDRESS	1515 FOX HILL PLACE
CITY - ST - ZIP	BRANDON FL 33511	2.4 CITY - ST - ZIP	VALRICO, FLORIDA 33594
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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, changed, or on an attachment with an address.

SIGNATURE

Raymond Feliciano Raymond Feliciano 1/10/97 (813) 254-5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0345824

CR2E034 (9/96)