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FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT #

1. Corporation Name
Central Florida Federal Financial Services, Inc.

Principal Place of Business

Mailing Address

1200 Weber Street
Orlando, FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2-9-96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3369682

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Robert Pappell, Esq.
Two S. Orange Avenue
Orlando, FL 32801

81 Name Wendy S. Toscano, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
1200 Weber Street
83
84 City Orlando FL 85 32803

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

Wendy S. Toscano

4/9/98

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D

NAME Thomas J. Powers, Jr.
STREET ADDRESS 1200 Weber St.
CITY-ST-ZIP

TITLE P/D

NAME Joseph A. Melbourne, Jr.
STREET ADDRESS 1200 Weber St.
CITY-ST-ZIP

TITLE VP/D

NAME Wendy S. Toscano
STREET ADDRESS 1200 Weber St.
CITY-ST-ZIP

TITLE VP/D

NAME James R. Rychnicki
STREET ADDRESS 1200 Weber St.
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I 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:

Wendy S. Toscano

4/9/97 (407) 228-7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Period

CR2E034 (10/97)