


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90120 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019417
 1. Corporation Name
FIRST FINANCIAL INVESTMENT GROUP INCORPORATED



Principal Place of Business 1918 HARRISON STREET #203 HOLLYWOOD FL 33020-5066	Mailing Address 1918 HARRISON STREET #203 HOLLYWOOD FL 33020-5066
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/29/1996	
21	26	4. FEI Number 65-0651541 65-0651541		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required..	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28	7. City & State			
24	25	29	30		
Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOSKOL, NICHOLAS 1918 HARRISON STREET SUITE 203 HOLLYWOOD FL 33020				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

11. Pursuant to the provisions of Sections 607.0602 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 *Nicholas Moskol* DATE **4/7/99**
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	P	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOSKOL, NICHOLAS		1.2 NAME	MOSKOL, NICHOLAS			
STREET ADDRESS	1079 TYLER ST		1.3 STREET ADDRESS	1079 Tyler St.			
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP	Hollywood, FL 33019			
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALLAGHER, PATRICIA		2.2 NAME	GALLAGHER-MOSKOL, PATRICIA			
STREET ADDRESS	1079 TYLER ST		2.3 STREET ADDRESS	"			
CITY-ST-ZIP	HOLLYWOOD FL 33019		2.4 CITY-ST-ZIP	"			
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *Nicholas Moskol* DATE **4/7/99** DAYTIME PHONE # **954-922-1154**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

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