

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

FILED  
May 14 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000041269 (7)

1. Corporation Name  
FIRSTTRUST FINANCIAL CONSULTANTS, INC.



|   |  |
|---|--|
| Principal Place of Business<br>903 LITTLE BEND RD<br>ALTAMONTE SPRINGS FL 32714 | Mailing Address<br>903 LITTLE BEND RD<br>ALTAMONTE SPRINGS FL 32714-7516 |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>05/08/1996   | 3a. Date of Last Report                                |
| 4. FEI Number<br>59-3418247   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 1220 DOUGLAS AVE<br>Suite, Apt. #, etc.<br>22 STE 101-A<br>City & State<br>23 LONGWOOD FL<br>Zip<br>24 32779 | 2a. Mailing Address<br>26 1220 DOUGLAS AVE<br>Suite, Apt. #, etc.<br>27 STE 101A<br>City & State<br>28 LONGWOOD FL<br>Zip<br>29 32779 |
|---|---|

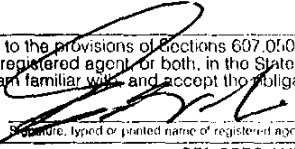
9. Name and Address of Current Registered Agent

KIRK, EDWIN V  
903 LITTLE BEND RD  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

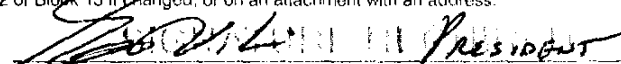
|   |
|---|
| 81 Name<br>EDWIN V. KIRK  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>1220 DOUGLAS AVE |
| 83 STE 101-A  |
| 84 City<br>LONGWOOD   |
| 85 Zip Code<br>FL 32779   |

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  PRESIDENT EDWIN V. KIRK DATE 4/29/97

|   |                                 |   |   |
|---|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS                |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE<br>D PRESIDENT                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>KIRK, EDWIN V                     |                                 | 1.2 NAME  |   |
| STREET ADDRESS<br>903 LITTLE BEND RD      |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br>ALTAMONTE SPRINGS FL 32714 |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                                     | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                      |                                 | 2.2 NAME  |   |
| STREET ADDRESS                            |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                               |                                 | 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 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:  PRESIDENT DATE 4/29/97 407 788-3850

CR2E034 (9/96)