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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077353 (6)

FIRST FLORIDA STATE FINANCIAL, INC.

Dringinal Place of Business Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



| | io of bosiness | | | | | | | |
|--|--|--|----------------------|---|-----------------|---|------------------------|---------------|
| 2385 WOODL | ANDS WAY BEACH FL 33442 | 2385 WOODLANDS WAY DEERFIELD BEACH FL 33442 | | | | | | |
| DEEM ILLU C | CHOILE GOALE | DECIMIEED DENOTITE | | | | DO NOT WRITE IN TH | IS SPACE | |
| | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | 09/17/1996 | | 1 |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | Ap | plied For |
| 21 | 26 | | | | | 65-0697830 | No | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | \$8.75 | Additional |
| | | | | | | 5. Certificate of Status Desired | | equired |
| 22 27 City & State City & State | | | ··· | | | 6. Election Campaign Financing | ¢E OO | May Be |
| | 10 | ⊢ ′ | | | | Trust Fund Contribution | Added | |
| 23 | | 28 Zip | Count | 24 | | Tract y or to operation | | |
| Zip | | | | ¬ ´ | | This corporation owes or has paid the Personal Property Tax due June 30. | | T No |
| 24 | 26 29 29 29 Name and Address of Current Registered Agent | | 30 | | | 10. Name and Address of New Registers | | |
| | • | it Hedistelen Maiit | | 1 | Name | IV. Italiio allo Hoditos di Italii Italia | | |
| | LEY, LYNN M. | | ١ | " | Name | | | |
| 2385 WOODLANDS WAY | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| DEERFIELD BEACH FL 33442 | | | L | \perp | | | | |
| | | | 8 | 3 | | | | |
| | | | ļ., | 4 | City | | . 85 Zip | Code |
| | | | l° | ~ | City | F | :L " - - - - | |
| 11 Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508. Florida Statu | ites, the abo | Ve- | named corp | poration submits this statement for the purpos | e of changing i | ts registered |
| office or | registered agent, or both, in the State | of Florida. Such change was | authorized | by 1 | the corporat | poration submits this statement for the purpos- tion's board of directors. I hereby accept the a | appointment as | registered |
| agent. I a | am familiar with, and accept the oblig | ations or, Section 607,0505, F | ionoa Statut | es. | | | | 1 |
| SIGNATURE | | 4 1 1 | TC: 01-1 | | | red when reinstating) DAT | F | |
| | Signature, typed or printed name of registered age | D DIRECTORS | 13. | ryanı | signature requi | ADDITIONS/CHANGES TO OFFICERS A | | RS IN 12 |
| 12. | | DELETE | 1.1 TITL | | | ADDITIONS/OFFARGES TO OFFICE IN | Change | Addition |
| TITLE | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | | | |
| NAME | WILEY, THOMAS CHAD | • | 1.2 NAM | - | | | | |
| STREET ADDRESS | | | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | 2 | 1.4 CITY | · ST · | - ZIP | | | |
| TITLE | D DELETE | | | 2.1 TITLE | | | Change | Addition |
| NAME | WILEY, THOMAS OWEN | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | | 1 |
| CITY-S1-ZIP | DEERFIELD BEACH FL 33442 | | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | I DELETE | | | 3.1 TITLE | | | Change | ☐ Addition |
| | D WANTED LIVERS M | | 3.2 NAM | | | | * | 1 |
| NAME | WILEY, LYNN M | | | | | | | |
| STREET ADDRESS | 2385 WOODLANDS WAY | _ | | | ADDRESS | | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | | | 3.4. CITY-ST-ZIP | | | Channa | Addition |
| TITLE | | DELETE | 4.1 TITL | | j | | Change | Addition |
| NAME | 1 | | 4. 2 NAM | ME | | | | |
| STREET ADDRESS | 1 | | 4.3 STA | EET A | ADDRESS | | | |
| CITY-ST-ZiP | | | 4.4 CITY | (- ST | -ZIP | | | |
| TITLE | | DELETE | 5.1 TITE | E | | | Change | Addition |
| NAME | 1 | | 5.2 NAN | 4E | | | | |
| STREET ADDRESS | | | | | ADORESS | | | |
| 1 | | | 5.4 CITY | | 1 | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY 5.1 TITL | _ | - 411 | | Спапре | Addition |
| TITLE | | CT VELETE | | | | | 0.13/1go | |
| NAME | 1 | | 6.2 NAN | | | | | |
| STREET ADDRESS | 1 | | 6.3 STR | EET A | ADDRESS | | | |
| CITY - ST - ZIP | | | 6.4 CITY | /-ST | - ZIP | | | |

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 oddress.

APRIL 9. 98 954-428-7532