FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S66050** **(3)**

1. Corporation Name

FEDERAL FINANCIAL RECOVERY CORPORATION OF FLORID A, INC.

Principal Place of Business	Mailing Address
1230 S MYRTLE AVENUE SUITE 404 CLEARWATER FL 34616 US	1230 S. MYRTLE AVENUE SUITE 404 CLEARWATER FL 34616 US

3. Date Incorporated or Qualified: 07/15/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 2575 Ulmerton Rd	26 2575 Ulmerton Rd
Suite, Apt. #, etc. 22 Suite 210	Suite, Apt. #, etc. 27 Suite 210
City & State 23 CLEARWATER, FL.	City & State 28 CLEARWATER, FL.
Zip / Country 24 34622 / 25 Pinellas	Zip / Country 29 34622 / 30 Pinellas

4. FEI Number: 59-3084394 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liabilty for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARKIN, MARSHALL H. ESQUIRE
149-P S RIDGEWOOD AVE, STE 710
DAYTONA BEACH FL 32115

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if a, official lic. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FARLESS, LUTHER J		1.2 NAME	FARLESS, Luther J	
STREET ADDRESS	4859 PARK STREET N #207		1.3 STREET ADDRESS	19837 Gulf BLVD	
CITY-ST-ZIP	ST PETE FL		1.4 CITY-ST-ZIP	INDIAN SHORES, FL. 34635	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FARLESS, TERRI ANN		2.2 NAME		
STREET ADDRESS	RT 2 BOX 844		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT VALLEY GA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FARLESS, LUTHER J		3.2 NAME	FARLESS, Luther J	
STREET ADDRESS	4859 PARK STREET N, #207		3.3 STREET ADDRESS	19837 GULF BLVD	
CITY-ST-ZIP	ST PETE FL		3.4 CITY-ST-ZIP	INDIAN SHORES, FL. 34635	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FARLESS, TERRI ANN		4.2 NAME		
STREET ADDRESS	RT 2, BOX 844		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT VALLEY GA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Luther J Farless 4/29/96 404-847-0833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #