

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S87111 (8)
1. Corporation Name
FLORIDA FAMILY FINANCE, INC.



Principal Place of Business 19400 US HIGHWAY 19 NORTH P.O. DRAWER 4580 CLEARWATER FL 34618-4580	Mailing Address 19400 US HIGHWAY 19 NORTH P.O. DRAWER 4580 CLEARWATER FL 34618-4580
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/11/1991	
4. FEI Number 59-3091996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 36851 U.S. Hwy 19 N. Suite, Apt. #, etc.		2a. Mailing Address 26 36851 U.S. Hwy 19 N. Suite, Apt. #, etc.	
22 City & State PALM HARBOR, FL.		27 City & State PALM HARBOR FL	
23 Zip 34684	25 Country USA	28 Zip 34684	30 Country USA

9. Name and Address of Current Registered Agent
KENYON, BRADLEY, W.
19400 US HWY 19 N
CLEARWATER FL 34618
36851 U.S. Hwy 19 N
PALM HARBOR, FL 34684

10. Name and Address of New Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNESKENS, WANDA 19400 US HIGHWAY 19 N CLEARWATER-FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P KENYON, BRADLEY, W. 36851 U.S. Hwy 19 N. PALM HARBOR, FL. 34684 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLSON, MARK 19400 US HIGHWAY 19 N CLEARWATER-FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	36851 U.S. Hwy 19 N. PALM HARBOR, FL. 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENYON, JANE 19400 US HIGHWAY 19 N CLEARWATER FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	36851 U.S. Hwy 19 N. PALM HARBOR, FL. 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAKAYAN, GEORGE 19400 US HWY 19 N CLEARWATER FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	36851 U.S. Hwy 19 N PALM HARBOR, FL. 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X [Signature] 4/29/98

CR2E034 (10/97)