

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90020 045 \*\*\*150.00

DOCUMENT # V26089

1. Corporation Name  
FFN, INC.



Principal Place of Business

2699 STIRLING ROAD, SUITE C-307  
FORT LAUDERDALE FL 33312

Mailing Address

2699 STIRLING ROAD, SUITE C-307  
FORT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1992

4. FEI Number

65-0330971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 GREENBERG, COHEN & CO.

26. Mailing Address

26 GREENBERG, COHEN & CO.

Suite, Apt. #, etc.

22 11790 S.W. 89 STREET

Suite, Apt. #, etc.

27 11790 S.W. 89 STREET

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33186-2166

Country

25 U.S.A.

Zip

29 33186-2166

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WOLFE, LEON J ESO  
BERMAN WOLFE & RENNERT, P.A.  
100 S.E. SECOND STREET, STE. 3500  
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME WEINSTEIN, STANLEY  
STREET ADDRESS 2699 STIRLING ROAD, SUITE C-307  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
P. STANLEY WEINSTEIN  
c/o GREENBERG, COHEN & COMPANY  
MIAMI, FL. 33186-2166

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE REQUIRED

APRIL 3, 1999 305-271-8998

Date

Daytime Phone #

CR2E034 (11/98)