## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**- Corporation Name

MIAMI FL 33147

766594

(6)

## BAC FUNDING CONSORTIUM, INC.

**FILED** Jan 15 1998 8:00am Secretary of State

| Principal Place of Business                     |              | Mailing Address                            |                                                       |                                              |                                                                                   |                                |
|-------------------------------------------------|--------------|--------------------------------------------|-------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------|
| 6800 N.W. 27TH AVE<br>MIAMI FL 33147<br>US      |              | 6600 N.W. 27TH AVE<br>MIAMI FL 33147<br>US |                                                       | 3. Date Incorporated or Qualified 01/19/1983 |                                                                                   |                                |
|                                                 |              |                                            |                                                       | 4. FEI Number                                | Applied For                                                                       |                                |
|                                                 |              |                                            |                                                       |                                              | 59-2425541                                                                        | Not Applicable                 |
| 2. Principal Place of Business                  |              | 2a. Mailing Address 26                     |                                                       |                                              | \$8.75 Additional<br>Fee Required                                                 |                                |
| Suite, Apt. #, etc.                             |              | Suite, Apt. #,                             | Suite, Apt. #, etc.                                   |                                              | 6. Election Campaign Financing Trust Fund Contribution                            | \$5.00 May Be<br>Added to Fees |
| City & State                                    |              | City & State                               |                                                       |                                              | 7. Is this nonprofit corporation a homeowners association?  ☐ Yes ☐ No            |                                |
| Zip<br>24                                       | Country 25   | Zip <b>29</b>                              | 30 Cou                                                | ntry                                         | 8. This corporation owes or has paid the curre Personal Property Tax due June 30. | nt year Intangible<br>Yes      |
| 9. Name and Address of Current Registered Agent |              |                                            |                                                       |                                              | <ol> <li>Name and Address of New Registered Ag</li> </ol>                         | ent                            |
|                                                 | <del>-</del> |                                            | -                                                     | 81 Nam                                       | ne                                                                                |                                |
| MILLER, EDWIN L.<br>6600 N.W. 27 AVE.           |              |                                            | 82 Street Address (P.O. Box Number is Not Acceptable) |                                              |                                                                                   |                                |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

83

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City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETÉ 1.1 TITLE TITLE FRAZIER, RONALD E. 1.2 NAME NAME 1320 N.WL 88TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE PD 2.1 TITLE TITLE MILLER, EDWIN L. 22 NAME NAME 6600 N.W. 27 AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition ŠD 3.1 TITLE TITLE MCNEILL, E. ANN NAME 6600 N.E. 27 AVE. 3.3 STREET ADORESS STREET ADDRESS MIAMI FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME MARINER, JONATHAN 4 2 NAME STREET ADDRESS 6600 N.E. 27TH AVE. 4.3 STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE BAILEY, HERBERT 5.2 NAME NAME 6600 N.W. 27TH AVE. 5.3 STREET ADDRESS STREET ADDRESS MIAMI FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE KERSHAW, HOWARD 6.2 NAME NAME **6600 NW 27TH AVENUE** 6.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Zip Code