

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F95000004368 (5)**  
 1. Corporation Name  
**ASTA FUNDING, INC.**



Principal Place of Business <b>210 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632</b>	Mailing Address <b>210 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/08/1995</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>22-3388607</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, GARY	12. NAME	
STREET ADDRESS	1252 LYLE TERRACE	13. STREET ADDRESS	
CITY-ST-ZIP	FAIRLAWN NJ	14. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOSSON, BUSTER	22. NAME	
STREET ADDRESS	6935 BALTUSROZ LANE	23. STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	24. CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, MITCHELL	32. NAME	<i>Same</i>
STREET ADDRESS	30 FIELDSTON DR.	33. STREET ADDRESS	<i>20 Renshaw Dr</i>
CITY-ST-ZIP	LIVINGSTON NJ	34. CITY-ST-ZIP	<i>Manville, NJ</i>
TITLE	D <input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, ARTHUR	42. NAME	
STREET ADDRESS	3333 HENRY HUDSON PKWY	43. STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIFE, MARTIN	52. NAME	
STREET ADDRESS	25 CENTRAL PARK WEST APT 21-J	53. STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADILLO, HERMAN	62. NAME	
STREET ADDRESS	909 THIRD AVENUE	63. STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	64. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.117(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 in an attachment with an address.

SIGNATURE: *M. Badillo* **SIGNATURE REQUIRED** 1/26/98 201-567-5648

CR2E034 (10/97)