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

DOCUMENT # K02778

CORPORATE FUNDING, INC.

							<u> </u>					
Principal Place	e of Business	Mailing	Address								• • • • • • • • • • • • • • • • • • • •	
P O BOX 31294 P O BOX 31294												
P.O. BOX 3129			P.O. BOX 31294				DO NOT WRITE IN THIS SPACE					
PALM BEACH GARDENS FL 33420-8294 PALM BEACH GARDENS FL				FL 33420-8	294		3. Date Incorporated or Qualifed					
							11/17	<u>//1987</u>				
2. Principal Place of Business 2a. 1			Mailing Address				4. FEI Nui				Appl	ied For
21		26					65-00	16020			Not a	Applicable
Suite, Apt.	#, etc	<u></u> ⊢¬	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & Stat	e		City & State				6. Election Campaign Financing S5.00 May Be					
23		28						und Contribution			ded to	
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible					
24	25			30			Personal Property Tax.					
	9. Name and Address of Cur	rent Registered	Agent				10. Name a	and Address of New	Registered A	\gent		
<u>. </u>					81	Name						
KOSTER, WILLIAM E.M JR. 1513 - 15TH TERRACE				Ì	82	Street Addres	ess (P.O. Box Number is Not Acceptable)					
	M BEACH GARDENS FL 3341	A		-	83	·	· ·	`	.			
i ne	in belief (dribeito le coll	` `			03							1
					84	City		<u> </u>	FL	85	Zip Co	ode
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida. Su	ich change was a	authonzed	by t	the corporation	ration submit n's board of d	s this statement for the lirectors. I hereby according	e purpose of ept the appoir	changin itment a	g its regi	egistered stered
•	·	-g							•			}
SIGNATURE	Signature, typed or printed name of registered	agent and title if applic	able. (NOT	E: Registered	Agent	signature required	when reinstating)		DATE			
12.	OFFICERS	AND DIRECTO	RS	13.			ADDITIC	NS/CHANGES TO O	FFICERS AN			
TITLE	P		☐ DELETE	1,1 TIT	LE	1				Cha	nge	☐ Addition
NAME	KOSTER, WILLIAM E. JR.			1.2 NA	ME							
STREET ADDRESS	1513 - 15TH TERRACE			1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	PALM BEACH GARDENS FL			1,4 CII	Y-ST	-ZIP		•				
TITLE			☐ DELETE	2.1 TIT	LE			·		☐ Cha	nge	☐ Addition
NAME				2.2 NA	ME	ĺ						
STREET ADDRESS				2.3 ST	REET	ADDRESS						
CITY-ST-ZIP				2. 4 CI	TY-ST	T-ZIP						
TITLE			☐ DELETE	3.1 TIT						Cha	inge	Addition
NAME				3.2 NA	ME				+	_		
STREET ADDRESS	,		- ~			ADDRESS						
				3.4. CI		1						
CITY-ST-ZIP TITLE	-		DELETE	4.1 TIT						☐ Cha	inge	Addition
NAME				4, 2 N/								
						ADDRESS						į
STREET ADDRESS				4.4 CF								[
CITY-ST-ZIP TITLE		2	☐ DELETE	5.1 TIT					 ,	Cha	inge	☐ Addition
				5.2 NA					•	_	-	
NAME						ADDRESS						
STREET ADDRESS	-			5.4 CF								
CITY-ST-ZIP		•	DELETE	6.1 TR						Cha	inge	Addition
TITLE .	**			6.2 NA				÷	+			
NAME		-				ADDRESS		•				.
STREET ADDRESS	" "			0.3 \$1	ree I	ADDRESS						

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

11 Eikoston Jr presider 4/25/99 (561)627-6968

FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90004 041 ***150.00