

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000000988 (4)

1. Corporation Name

ANDIS DANBURG FUNDING CORP.



Principal Place of Business

Mailing Address

**2700 W. CYPRESS CREEK RD.
D-104
FT LAUDERDALE FL 33309
US**

**2700 W. CYPRESS CREEK RD.
D-104
FT LAUDERDALE FL 33309
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/07/1993

3a. Date of Last Report

04/17/1995

4. FFL Number

65-0391948

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 607.1502, 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 of the person who is the registered agent

Signature of the Florida Registered Representative

Date

OFFICERS AND DIRECTORS

12. TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DPT	DANBURG, JAMIE	2700 W. CYPRESS CREEK RD, D104	FT LAUDERDALE FL	<input type="checkbox"/>
DVS	ANDIS, SYLVIA	2700 W. CYPRESS CREEK RD., D104	FT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12 NAME	<input type="checkbox"/>	<input type="checkbox"/>
13 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
14 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME	<input type="checkbox"/>	<input type="checkbox"/>
23 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
24 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
32 NAME	<input type="checkbox"/>	<input type="checkbox"/>
33 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
34 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
42 NAME	<input type="checkbox"/>	<input type="checkbox"/>
43 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
44 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	<input type="checkbox"/>	<input type="checkbox"/>
53 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
54 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
62 NAME	<input type="checkbox"/>	<input type="checkbox"/>
63 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
64 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information included 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 registered agent 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:

Sylvia Andis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

CR2E034 (12/95)