

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

APPROVED  
AND  
FILED

96 SEP -4 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000043736 (5)**  
 1. Corporation Name  
**AMERICAN STREAMLINE FUNDING CORPORATION**

Principal Place of Business	Mailing Address
2855 UNIVERSITY DR STE 230 CORAL SPRINGS FL 33065 US	2855 UNIVERSITY DR STE 230 CORAL SPRINGS FL 33065 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc	Suite, Apt #, etc
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
06/08/1994	07/28/1995
4. FEI Number	Applied For
65-0495111	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GAINES, HOWARD S**  
**2855 UNIVERSITY DR**  
**SUITE 207**  
**CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name **STEIN GARY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**14930 FALCONS LEA DRIVE**

83

84 City **DAVIE** FL 85 Zip Code **33331**

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]* Pres. *[Signature]* 8/5/96  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEIN, GARY	
STREET ADDRESS	2010 S. OCEAN BLVD., LPH-16	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAINES, HOWARD S	
STREET ADDRESS	2855 UNIVERSITY DR	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14930 FALCONS LEA DR
1.4 CITY - ST - ZIP	DAVIE FL. 33331
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4000001947304
3.4 CITY - ST - ZIP	-08/18/96 -- 01044 -- 013
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	****233.75 ****233.75
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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.

SIGNATURE: *[Signature]* Pres. *[Signature]* 8/5/96 954-00 and  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Durable Power of Attorney

CR2E034 (3/96)