

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90138 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000065419

1. Corporation Name  
**RECEIVABLE FUNDING, INC.**



Principal Place of Business  
 P.O. BOX 23412  
 TAMPA FL 33622

Mailing Address  
 P.O. BOX 23412  
 TAMPA FL 33622

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **7109 PELICAN ISLAND DR**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **TAMPA, FL**  
 Zip Country  
 24 **33634** 25 **USA**

2a. Mailing Address  
 26 **P.O. BOX 23412**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **TAMPA, FL**  
 Zip Country  
 29 **33623-3412** 30 **USA**

3. Date Incorporated or Qualified  
**09/07/1994**

4. FEI Number  
**59-3267209**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**GONZALEZ, JOSE C**  
**4144 N. ARMENIA AVENUE**  
**SUITE 265**  
**TAMPA FL 33607**

10. Name and Address of New Registered Agent  
 81 Name **RICHARD FURLONG**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7109 PELICAN ISLAND DRIVE**  
 83  
 84 City **TAMPA** FL 85 Zip Code **33634**

11. Pursuant to the provisions of Sections 607.502 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 607.0586, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/15/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BYRD, J. WILLIAM</b>	
STREET ADDRESS	<b>1478 BRIAR OAKS TRAIL</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BYRD, ANDREA</b>	
STREET ADDRESS	<b>1478 BRIAR OAKS TRAIL</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FURLONG, RICHARD</b>	
STREET ADDRESS	<b>7109 PELICAN ISLAND DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>J. WILLIAM BYRD</b>	
1.3 STREET ADDRESS	<b>1478 BRIAR OAKS TRAIL</b>	
1.4 CITY-ST-ZIP	<b>ATLANTA, GA 30329</b>	
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	<b>VP-S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>RICHARD FURLONG</b>	
3.3 STREET ADDRESS	<b>7109 PELICAN ISLAND DRIVE</b>	
3.4 CITY-ST-ZIP	<b>TAMPA, FL 33623</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 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.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/15/99** DAYTIME PHONE #: **813/287-9996**

CR2E034 (1/98)