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**Mar 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000004368 (5)

1. Corporation Name
ASTA FUNDING, INC.



Principal Place of Business
**210 SYLVAN AVENUE
ENGLEWOOD CLIFFS NJ 07632**

Mailing Address
**210 SYLVAN AVENUE
ENGLEWOOD CLIFFS NJ 07632-2503**

3. Date Incorporated or Qualified **09/08/1995** 3a. Date of Last Report **02/29/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-3388607		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STERN, GARY	
STREET ADDRESS	1252 LYLE TERRACE	
CITY-STATE-ZIP	FAIRLAWN NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, MARK	
STREET ADDRESS	19 LAWRIDGE DR.	
CITY-STATE-ZIP	RYE BROOK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HERMAN, MITCHELL	
STREET ADDRESS	30 FIELDSTON DR.	
CITY-STATE-ZIP	LIVINGSTON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STERN, ARTHUR	
STREET ADDRESS	3333 HENRY HUDSON PKWY	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIFE, MARTIN	
STREET ADDRESS	25 CENTRAL PARK WEST APT 21-J	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BADILLO, HERMAN	
STREET ADDRESS	909 THIRD AVENUE	
CITY-STATE-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUSTER GLOSSON	
1.3 STREET ADDRESS	6935 BALTUSKOL LANE	
1.4 CITY-STATE-ZIP	CHARLOTTE NC	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDWARD CELANO	
2.3 STREET ADDRESS	2115 GAMBLE ROAD	
2.4 CITY-STATE-ZIP	SLOTH PLAINS, NJ	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	300002106523	
5.4 CITY-STATE-ZIP	-03/06/97--01099--026	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	***165.00	
6.4 CITY-STATE-ZIP		

14. I do 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.

SIGNATURE: **MITCHELL HERMAN, CEO** (201) 567-5648

CR2E034 (9/96)