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FILED

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

4. FEI Number 22-3388607 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

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

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

84 City

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

(Sign the type of the printed name of registered agent and file if applicable)

(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	SLATCH 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		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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\*\*\*165.00

3/16/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL HERMAN, CEO

Date:

Daytime Phone: \*\*\*

(201) 567-5648

CR2E034 (9/96)