

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004368 (5)**  
 1. Corporation Name  
**ASTA FUNDING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
210 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632		210 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632	
21	22	26	27
23	24	28	29
25	30		

3. Date Incorporated or Qualified	Applied For
09/08/1995	Not Applicable
4. FEI Number	5. Certificate of Status Desired
22-3388607	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, GARY	12 NAME	
STREET ADDRESS	1252 LYLE TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	FAIRLAWN NJ	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOSSON, BUSTER	22 NAME	
STREET ADDRESS	6935 BALTUSROZ LANE	23 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, MITCHELL	32 NAME	Same
STREET ADDRESS	30 FIELDSTON DR.	33 STREET ADDRESS	20 Renshaw Dr
CITY-ST-ZIP	LIVINGSTON NJ	34 CITY-ST-ZIP	Manville, NJ
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, ARTHUR	42 NAME	
STREET ADDRESS	3333 HENRY HUDSON PKWY	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIFE, MARTIN	52 NAME	
STREET ADDRESS	25 CENTRAL PARK WEST APT 21-J	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADILLO, HERMAN	62 NAME	
STREET ADDRESS	909 THIRD AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.117(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 in an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** 1/26/98 201-567-5648

CR2E034 (10/97)