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Feb 11 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 # 629746 (9)  
1. Corporation Name  
ASSURED FUNDING CORPORATION



Principal Place of Business  
17029 NEWPORT CLUB DRIVE  
BOCA RATON FL 33496  
US

Mailing Address  
17029 NEWPORT CLUB DRIVE  
BOCA RATON FL 33496-3008  
US

3. Date Incorporated or Qualified 07/17/1979  
3a. Date of Last Report 02/29/1996

2. Principal Place of Business 21  
2a. Mailing Address 26

4. FEI Number 59-1927408  
Applied For Not Applicable

Suite, Apt #, etc. 22 Suite, Apt #, etc. 27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State 23 City & State 28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip 24 Country 25 Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASKOW, IRWIN N.  
17029 NEWPORT CLUB DR.  
BOCA RATON FL 33496

81 Name Roy G. PASKOW  
82 Street Address (P.O. Box Number is Not Acceptable) 17029 Newport Club Drive  
83  
84 City Boca Raton FL 85 Zip Code 33496

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 (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/8/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME PASKOW, JOAN B.  
STREET ADDRESS 17029 NEWPORT CLUB DR.  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ST  DELETE  
NAME PASKOW, IRWIN N.  
STREET ADDRESS 17029 NEWPORT CLUB DR.  
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 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:

Joan B. Paskow  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2/8/97  
Daytime Phone # 561-998-0468

CR2E034 (9/96)