

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

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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  
US

DO NOT WRITE IN THIS SPACE

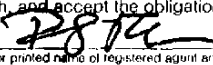
3. Date Incorporated or Qualified 07/17/1979	
4. FEI Number 59-1927408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent PASCOW, ROY G. 17029 NEWPORT CLUB DR BOCA RATON FL 33496	
81 Name	Roy G. Paskow
82 Street Address (P.O. Box Number is Not Acceptable)	798 Verone Lake Dr.
83	
84 City	Weston
85 Zip Code	FL 33326

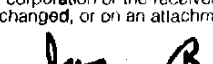
10. Name and Address of New Registered Agent	
81 Name	Roy G. Paskow
82 Street Address (P.O. Box Number is Not Acceptable)	798 Verone Lake Dr.
83	
84 City	Weston
85 Zip Code	FL 33326

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  1/24/98  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/S/T/D
NAME	PASKOW, JOAN B.	1.2 NAME	PASKOW, JOAN B.
STREET ADDRESS	17029 NEWPORT CLUB DR.	1.3 STREET ADDRESS	17029 NEWPORT CLUB DR.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	ST	2.1 TITLE	
NAME	PASKOW, IRWIN N.	2.2 NAME	
STREET ADDRESS	17029 NEWPORT CLUB DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE  1/18/98

CR2E034 (10/97)