FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 16 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 692866 (7)

1. Corporation Name
IDEA FUNDING CORPORATION

Principal Place of Business	Mailing Address
~~P. O. BOX 522049~~ ~~LONGWOOD FL 32752-2049~~ ~~US~~	~~P. O. BOX 522049~~ ~~LONGWOOD FL 32752-2049~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1981
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 1912-B Lee Road
22 Suite, Apt. #, etc.
23 City & State: Orlando, FL
24 Zip: 32810 25 Country: USA

2a. Mailing Address
26 1912-B Lee Road
27 Suite, Apt. #, etc.
28 City & State: Orlando, FL
29 Zip: 32810 30 Country: USA

4. FEI Number: 59-2113839 ☐ 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

9. Name and Address of Current Registered Agent

SPECK, MICHAEL
1912-B LEE ROAD
ORLANDO FL 32810

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 _____ DATE
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	V	1.1 TITLE	✓	☒ Change ☐ Addition
NAME	TOBLER, KEITH A.	1.2 NAME	Keith Tobler	
STREET ADDRESS	~~559 QUEENSBRIDGE DR.~~	1.3 STREET ADDRESS	1912-B Lee Road	
CITY-ST-ZIP	~~LAKE MARY FL~~	1.4 CITY-ST-ZIP	Orlando FL 32810	
TITLE	PS	2.1 TITLE	President	☒ Change ☐ Addition
NAME	JULIAN-BREIG, JENNIFER H	2.2 NAME	Jennifer Julian-Breig	
STREET ADDRESS	~~559 QUEENSBRIDGE DR~~	2.3 STREET ADDRESS	1912-B Lee Road	
CITY-ST-ZIP	~~LAKE MARY FL~~	2.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE		3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME		3.2 NAME	Bonnie J. Julian	
STREET ADDRESS		3.3 STREET ADDRESS	1912-B Lee Road	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. Julian-Breig 3/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0416142 FP