FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90147 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F09086

1. Corporation Name

GENERAL FUNDING FINANCIAL CORP.

GENERA	E PORDING PINANOIAE OO	***						
Principal Place	of Business	Mailing Address			1 1991509 1111 09110 (8111 90101 1		JUNEAU MONTH MANAGE M	1911 91911 1981
9050 SW 69 CT 9050 SW 69 CT								
PH PH					DO NOT WRI	TE IN THIS	SPACE	
MIAMI FL 33156					3. Date Incorporated or Qualifed	12 11 11113	UF AUE	
_	<u> </u>				12/15/1980			
Principal Place of Business Address Address					4. FEI Number		<u> </u>	olied For
21		26			59-2036933	 		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A Fee Re	1
22 27 City & State City & State							\$5.00	
			سيمني للمجاد الجمايين مجار مورا				Added to	,
Zip	Country	28	Country		8. This corporation owes the curr	ent vear Int		
24	25	29 3	_ `		Personal Property Tax.	J. 14 y July 1110		□No
	9. Name and Address of Current		<u>-</u>		10. Name and Address of New F	Registered	Agent	
			81	Name		-		
BERGER, PAUL S 201 ALHAMBRA CIR, 12TH FL 100 S.E 2 5T (1760) CORAL GABLES FL 33143 M. Ami, PL. 33131				Stroot Add	ress (P.O. Box Number is Not Accepta	able)		
201	ALHAMBRA CIR,12TH FL / O	0 SE 2-51 (11)	(C) 82	Sileet Add	iless (io. bux Nulliber is Not Accepta	ioio;		
COR	AL GABLES FL 33143	ami, FL. 33/31	83					
ļ		• .		-			85 Zip C	`ndo
			84	City		FL	85 Zip C	Jode
office or re agent. I at SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligated agent spirited name of registered name of regis	of Florida. Such change was auth tions of, Section 607.0505, Florid	norized by la Statutes	the corporati	poration submits this statement for the ion's board of directors. I hereby accepted when reinstating)	DATE	ntment as rec	Jistered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			_	Change	☐ Addition
NAME	BERGER, PAUL S		1.2 NAME					
STREET ADDRESS	100 SE 2ND ST ; 17TH FL		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		1.4 CMY-S	T-ZIP				
TITLE	Р	☐ DELETE	2.1 TITLE			_	☐ Change	☐ Addition
NAME	WEISS, RICHARD M.		2.2 NAME					
STREET ADDRESS	9050 SW 69 CT		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	ST-ZIP				
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME		·			
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		_		
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP	·			
TITLE		☐ DELETE	5.1 TITLE		- · . - · · · · · · - · · · · · · 		Change	Addition
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				İ

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

305-2749690