


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

FILED

Feb 12 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 # F90681 (0)					
1. Corporation Name LIBERTY CITY FUNDING CORPORATION					
Principal Place of Business 1401 NORTHPOINT PARKWAY 2ND FLOOR WEST PALM BEACH FL 33407 US			Mailing Address 1500 MARKET ST. 36TH FLOOR PHILADELPHIA PA 19102-4736		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1982	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2203217	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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's signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	BAXTER, THOMAS G.				
STREET ADDRESS	1500 MARKET STREET				
CITY - ST - ZIP	PHILADELPHIA PA 19102				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	BACKSTROM, STEPHEN C.				
STREET ADDRESS	1500 MARKET STREET				
CITY - ST - ZIP	PHILADELPHIA PA 19102				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	SMITH, LAWRENCE S.				
STREET ADDRESS	1500 MARKET STREET				
CITY - ST - ZIP	PHILADELPHIA PA 19102				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	WANG, STANLEY				
STREET ADDRESS	1500 MARKET STREET				
CITY - ST - ZIP	PHILADELPHIA PA 19102				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	ALCHIN, JOHN				
STREET ADDRESS	1500 MARKET STREET				
CITY - ST - ZIP	PHILADELPHIA PA 19102				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ROBERTS, RALPH				
STREET ADDRESS	1500 MARKET STREET				
CITY - ST - ZIP	PHILADELPHIA PA 19102				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>c. s. Backstrom</i> C. STEPHEN BACKSTROM (215) 981-7557					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)