SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # F9300000766 (6)

NATIONAL IPF FUNDING, INC.

FILED Sep 09 1998 8:00am Secretary of State



Principal Place of Business Malling Address					110000000000000000000000000000000000000	111 08111 08111 98111 98111 10919 81111 9811 1981	
1750 S. MESA DRIVE P.O. BOX 8998							
SUITE 100		MESA AZ 85214					
MESA AZ 85210	US				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					03/10/1993		
Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Applied For	
21		26			86-0700225	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27					V. Continued of Citation Desired	Fee Required	
City & State City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
2321		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country Zip		Count	У	8. This corporation owes or has p		
24	25	29	30		Personal Property Tax due June 30. Yes X No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F	Registered Agent	
CT	CORPORATION SYSTEM		8	l Name			
1200 SOUTH PINE ISLAND ROAD			8	82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			"	Dilect Address (1.0. Box Hollison is Not Accopiable)			
, - "			8	3			
			L				
			8	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.							
agent. I a	am familiar with, and accept the obli	gations of, section 607.0505, Fig	orida Statuti	is.			
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if emicable (Mr	TF: Peristered	Anont signat	ure required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.				
TITLE	CP	X DELETE	1.1 TITLE		CP	Change K Addition	
	TAYLOR, STEPHEN D	LA DELETE	1.2 NAME		l = :	·	
NAME	ATEN D MEDA DD MADO			T ADDRESS	Charles H. Holland, Jr. ss 1750 S. Mesa Drive, Suite 100		
STREET ADORESS	MESA AZ					uite 100	
CITY-ST-ZIP			1.4 CITY-	1-2(P	Mesa, AZ 85210	Change X Addition	
TITLE	DV DON	DELETE	2.1 TITLE 2.2 NAME	$-\nu$	' S	Change A Addition	
NAME	PUGLISI, DON				Philip J. Mahoney		
STREET ADDRESS	1500 CASHO MILL ROAD, SU	AIE 3	2.3 STRE	TADDRESS	1750 S. Mesa Drive, S	uite 100	
CITY-ST-ZIP	NEWARK DE 19711		2.4 CITY-	T-ZIP	Mesa, AZ 85210		
TITLE	D	X DELETE	3.1 TITLE		1	Change X Addition	
NAME	HOFF, ROBERT		3.2 NAME		Lynne Phillis		
STREET ADDRESS 18552 MACARTHUR BLVD., SUITE 400			3.3 STRE	T ADDRESS	1	uite 100	
CITY-ST-ŽIP	IRVINE CA 92715		3.4 CITY-	ST-ZIP	Мева, AZ <u>85210</u>		
TITLE	S	X DELETE	4.1 TITLE			Change Addition	
NAME	HOLLAND JR, CHARLES H		4.2 NAME				
STREET ADDRESS	1750 S. MESA DR., #100		4.3 STRE	TADDRESS			
CITY-ST-ZIP	MESA AZ		4.4 CITY-	T-ZIP			
TITLE	C	∑ DELETE	5.1 TITLE			Change Addition	
NAME	PASQUALE, MICHELE	Las Dece (C	. 5.2 NAME				
•	1750 S MESA DRIVE, #100			TADDRESS			
STREET ADDRESS	MESA AZ		5.4 CITY-				
CITY-ST-ZIP	MILON AL	——————————————————————————————————————	6.1 TITLE			Charas T Addition	
TITLE		DELETE			5000026 -03/03/9803	Change L Addition	
NAME			6.2 NAME		- 09 /09/980	10590 1 4 \\ \ \ \	
STREET ADDRESS			6 3 STRE	T ADDRESS	***550.00	JUN	
			= 0.4 O(T)/		in the entire in the part and	3 1	

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.

ONLATURE District Mendager V

08-31-98

602-545-3400