

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004418 (0)

1. Corporation Name

MBM FUNDING, INC.



Principal Place of Business

2406 GOLDFIELD CT.
GREENSBORO NC 27455

Mailing Address

2406 GOLDFIELD CT.
GREENSBORO NC 27455

3. Date Incorporated or Qualified

09/29/1993

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

56-1838193

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

CAMERON, TAMMY
C/O ANASTASIA ATHLETIC CLUB
1045 ANASTASIA BLVD.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name CHRISTY CALDEON

82 Street Address (P.O. Box Number is Not Acceptable)

C/O ANASTASIA ATHLETIC CLUB
1045 ANASTASIA BLVD.

84 City ST. AUGUSTINE

FL

85 Zip Code 32084

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

Christy Calderon

4-10-96

Signature typed or printed name of registered agent (if different from above)

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MANSFIELD, MICHAEL B
STREET ADDRESS 2406 GOLDFIELD COURT
CITY-ST-ZIP GREENSBORO NC 27455

☐ DELETE

TITLE S
NAME MANSFIELD, JENNIFER A
STREET ADDRESS 2406 GOLDFIELD CT.
CITY-ST-ZIP GREENSBORO NC 27455

☐ DELETE

TITLE AS
NAME SIRMONS, BEN
STREET ADDRESS P. O. DRAWR 1559 N/A
CITY-ST-ZIP GREENSBORO NC 27402

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96

910 2751351

Daytime Phone #

CR2E034 (12/95)