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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1993

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

~~GALDERON, CHRISTY~~
C/O ANASTASIA ATHLETIC CLUB
1045 ANASTASIA BLVD.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name Cynthia Treaster
82 Street Address (P.O. Box Number is Not Acceptable)
C/o Anastasia Athletic Club, Inc
83 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

Cynthia Treaster Office Manager

4-13-98

Signature typed or printed name of registered agent and last name of applicant

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

Cynthia Treaster

4/13/98

226 282 7695

CR2E034 (10/97)