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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	MENT # F930C	0005014 (6	3)		
EXPR	ESS FUNDING, INC.				
Principal Place	e of Business	Mailing Address	w		
16802 ASTON STREET SUITE 200		16802 ASTON STREET SUITE 200			
IRVINE CA	92714	IRVINE CA 92714		3. Date incorporated or Qualified 3a. [Date of Last Report 06/22/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		33-0567907	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζiρ	Country	Zip	Country	8. This corporation has liability for intangible	e tax under s. 199.032,
24	25 9. Name and Address of Curren	29 1 Registered Agent	30	Florida Statutes	
			81 Name	To. Name and Address of New Register	en Agent
CORPA	AMERICA, INC.		82 Street Ac	1drass (P.O. Politablianification from Aboutmake)	
	SOUTH ANDREWS AVENUE		L	ddress (P.O. F74/1910) 1910 1910 1910 1910 -05/28/9601033	31.6 .001
SUITE			83	***200.00	001
PUKI I	LAUDERDALE FL 33316		84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050?	and £07.1508. Florida Statut	es, the above named corr	poration submits this statement for the purpose of	· <u>L</u>
or register familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of, Sect-	Fr. Such change was authorized 607 0505. Florida Statutes	ed by the corporation's bo	oard of directors. I hereby accept the appointment	as registered agent. Lanı
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	en de 13000, Frence Oldione.			
12.	Signature typest or per tect cases of responses supert. OFFICERS AND		TE. Hegelesial Agert signature requ		
TITLE	PS0	で NECTORS TORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 X Change Addition
NAME	KORNSWIET, NEIL B		1.2 NAME	THOMAS HOOD	A Change Madition
STREET ADDRESS	16802 ASTON STREET, STE	200	13 STREET ADDRESS	16800 Aston Street	
CITY - ST - ZIP	IRVINE CA 92714		1.4 CHY+S1, ZIP	Irvine, CA 92714	
TITLE	VDCF	★] DELETE	2 1 TITLE	VT	★ Change
NAME	MONAHAN, KELLY W	•••	2.2 NAME	FRANCISCO NEBOT	
STREET ADDRESS	16802 ASTON STREET, STE	200	2.3 STREET ADDRESS	16800 Aston Street	
CHY-ST-ZIP	IRVINE CA 92714	X DELETE	2 4 CIFY - \$T - ZIF	Irvine, CA 92714	
NAME	BELLOVICH, LORRAINE	1-) DECEN	3 1 TITLE 32 NAME	V	☐x Change ☐ Addition
STREET ADDRESS	16802 ASTON STREET		3.3 STREET ADDRESS	RENATO MARCOS	
City - ST - ZiP	IRVINE CA 92714		3.4 CITY - \$1 - ZIP	16800 Aston Street Irvine, CA 92714	
TITLE	V	æ) DELETE	4 1 THTLE	SD SD	Change 🔥 Add-tion
NAMÉ	NEYMAN, KAREN		4.2 NAME	FRANK WATERS	
STREET ADDRESS	16802 ASTON DT.		4.3 STREET ADDRESS	16800 Aston Street	
CiTy - ST - ZIP	IRVINE CA 92714		4 4 City - St - Zif*	Irvine, CA 92714	
THE	V Lantry, Dana	₹] DELETE	5 1 TITLE	VD	Change K Addition
NAME STREET ADDRESS	16802 ASTON ST.		5.2 NAME	JUDE LOPEZ	
CITY ST ZIP	IRVINE CA 92714		5 3 STREET ADDRESS	16800 Aston Street	
TITLE		DELETE	5.4 CITY - ST - ZIF 6. 1 TILLE	Irvine, CA 92714 V	☐ Change K Addition
NAME		J	6.2 NAME	PETER RAIMONDO	
STREET ADDRESS			6 3 STREET ADDRESS	16800 Aston Street	5-1-96

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I turner 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 changer or or unattricing with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

92714

Irvine, CA

Daytine Phone #