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

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98 FEB 25 AM 9:22

DOCUMENT # **F94000000453**

1. Corporation Name
FOUNDATION FUNDING GROUP, INC.

Principal Place of Business	Mailing Address
15100 HUTCHISON RD TAMPA FL 33625 US	15100 HUTCHISON RD TAMPA FL 33625 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/28/1994

4. F.E.I. Number
22-3271970
[ ] 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 the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 11605 N. Nebraska Ave	26 11605 N. Nebraska Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Tampa, FL	28 Tampa, FL
Zip / Country	Zip / Country
24 33612 / 25 USA	29 33613 / 30 USA

9. Name and Address of Current Registered Agent

BROWER, COREY G
3332 WESTMORELAND DR.
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

000003792240--0
03/06/99--01061--005
****150.00 ****150.00

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 N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	[ ] DELETE	11 TITLE		[ ] Change [ ] Addition
NAME	BROWER, COREY G		12 NAME		
STREET ADDRESS	3332 WESTMORELAND DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP		
TITLE	DST	[ ] DELETE	21 TITLE		[ ] Change [ ] Addition
NAME	COHN, STEVEN A		22 NAME		
STREET ADDRESS	3330 CHEVIOT DR		23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		24 CITY-ST-ZIP		
TITLE	~~V~~	[X] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME	~~COHN, HOWARD R~~		32 NAME		
STREET ADDRESS	~~9633B BOCA GARDEN CIR N~~		33 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON FL 33496~~		34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99
DATE

(813) 963-1300
DAYTIME PHONE #