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 # **F94000000537 (0)**

1. Corporation Name
GOULD FUNDING CORP.

Principal Place of Business
60 CUTTER MILL RD
GREAT NECK NY 11021

Mailing Address
60 CUTTER MILL RD
GREAT NECK NY 11021

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report: 03/30/1995
4. FEI Number: 11-3142854 — 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

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

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required if name is changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GOULD, FREDRIC H	
STREET ADDRESS	60 CUTTER MILL ROAD	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	VS	☐ DELETE
NAME	BRINBERG, SIMEON	
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	VC	☐ DELETE
NAME	KALISH, DAVID	
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	VAS	☐ DELETE
NAME	LUNDY, MARK H	
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	V	☐ DELETE
NAME	GOULD, MATTHEW J	
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	V	☐ DELETE
NAME	GOULD, JEFFREY A	
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	
CITY-ST-ZIP	GREAT NECK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: M W Kalish — 3/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)