SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 21 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000002451 (2)**

1. Corporation Name
CF FUNDING CORP.

Principal Place of Business	Mailing Address
P.O. BOX 8457 FT LAUDERDALE FL 33310-8457	P.O. BOX 8457 FT LAUDERDALE FL 33310-8457

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1799 W Oakland Pk Blvd
Suite, Apt. #, etc. 22:
City & State 23: Ft Lauderdale, FL
Zip 24: 33311 County 25: USA

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

4. FEI Number: ~~APPLIED FOR~~ 65-0501133 ☐ 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

KISH, TIMOTHY E
1221 BRICKELL AVENUE, 6TH FLOOR
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1 1 TITLE	☐ Change ☐ Addition
NAME	KIEFER, JOHN W	1 2 NAME	
STREET ADDRESS	P.O. BOX 8457 N/A	1 3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	1 4 CITY ST ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	ZIETZ, MORTYN K	2 2 NAME	
STREET ADDRESS	P.O. BOX 8457 N/A	2 3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	2 4 CITY ST ZIP	
TITLE	VD	3 1 TITLE	☐ Change ☐ Addition
NAME	HOLTZ, JAVIER J	3 2 NAME	
STREET ADDRESS	1221 BRICKELL AVENUE	3 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	3 4 CITY ST ZIP	
TITLE	S	4 1 TITLE	☐ Change ☐ Addition
NAME	KISH, TIMOTHY E	4 2 NAME	
STREET ADDRESS	1221 BRICKELL AVENUE	4 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	4 4 CITY ST ZIP	
TITLE	AS	5 1 TITLE	☐ Change ☐ Addition
NAME	SAXON, BARBARA	5 2 NAME	
STREET ADDRESS	1221 BRICKELL AVENUE	5 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	5 4 CITY ST ZIP	
TITLE	T	6 1 TITLE	☐ Change ☐ Addition
NAME	MCDERMOTT, DENNIS A	6 2 NAME	
STREET ADDRESS	P.O. BOX 8457	6 3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	6 4 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Christina Chalkley VP/Controller 7-14-95 (305) 730-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Christina Chalkley x 3034

0140015 FP