

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000002608 (6)**

1. Corporation Name
SMALL BUSINESS FUNDING SERVICES, INC.



Principal Place of Business: **7279 BALLANTRAE CT. BOCA RATON FL 33496**
Mailing Address: **7279 BALLANTRAE CT. BOCA RATON FL 33496**

2. Principal Place of Business		2a. Mailing Address	
21		26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country		Country
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
05/30/1995	
4. FEI Number	Applied For
65-055-9669	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-8643**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	State
	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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent. I am

SIGNATURE _____ DATE _____
Signature of principal officer or registered agent and title if applicable _____ Registered Agent signature (separate statement) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIEDLER, THERESA	1.2 NAME	
STREET ADDRESS	7279 BALLANTRAE CT.	1.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33496	1.4 CITY- ST- ZIP	
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIEDLER, DOUGLAS	2.2 NAME	
STREET ADDRESS	7279 BALLANTRAE CT.	2.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33496	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: *Herbert A. Judd* **4-6-96 (407) 477-5024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/State/Phone #

CR2E034 (12/95)