

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004368 (5)**

1. Corporation Name

ASTA FUNDING, INC.



Principal Place of Business

Mailing Address

210 SYLVAN AVENUE
ENGLEWOOD CLIFFS NJ 07632

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ENGLEWOOD CLIFFS NJ 07632

3. Date Incorporated or Qualified

09/08/1995

3a. Date of Last Report

N/A

4. FEI Number

27-3388607

Applied For

Not Applicable

APPLIED FOR

6. 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

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

26

Zip

Country

Zip

Country

24

25

26

27

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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 office address

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STERN, GARY	
STREET ADDRESS	1252 LYLE TERRACE	
CITY - ST - ZIP	FAIRLAWN NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVY, MARK	
STREET ADDRESS	19 LAWRIE DR.	
CITY - ST - ZIP	RYE BROOK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HERMAN, MITCHELL	
STREET ADDRESS	30 FIELDSTON DR.	
CITY - ST - ZIP	LIVINGSTON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STERN, ARTHUR	
STREET ADDRESS	3333 HENRY HUDSON PKWY	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIFE, MARTIN	
STREET ADDRESS	25 CENTRAL PARK WEST APT 21-J	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BADILLO, HERMAN	
STREET ADDRESS	909 THIRD AVENUE	
CITY - ST - ZIP	NEW YORK NY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add-on
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

500001728806
-03/01/96--01020--019
***200.00

Handwritten initials/signature

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Mitchell Herman

Date

11/23/96

Daytime Phone #

201-569-4488

CP2E034 (12/95)