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**Mar 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000004368 (5)

1. Corporation Name
ASTA FUNDING, INC.



Principal Place of Business
**210 SYLVAN AVENUE
ENGLEWOOD CLIFFS NJ 07632**

Mailing Address
**210 SYLVAN AVENUE
ENGLEWOOD CLIFFS NJ 07632-2503**

3. Date Incorporated or Qualified **09/08/1995** 3a. Date of Last Report **02/29/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-3388607		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	STERN, GARY	1.2 NAME	BUSTER GLOSSON
STREET ADDRESS	1252 LYLE TERRACE	1.3 STREET ADDRESS	6935 BALTUSKOL LANE
CITY-STATE-ZIP	FAIRLAWN NJ	1.4 CITY-STATE-ZIP	CHARLOTTE NC
	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR
TITLE	V	2.2 NAME	EDWARD CELANO
NAME	LEVY, MARK	2.3 STREET ADDRESS	2115 GAMBLE ROAD
STREET ADDRESS	19 LAWRIDGE DR.	2.4 CITY-STATE-ZIP	SLITCH PLAINS, NJ
CITY-STATE-ZIP	RYE BROOK NY	3.1 TITLE	
	<input checked="" type="checkbox"/> DELETE	3.2 NAME	
TITLE	S	3.3 STREET ADDRESS	
NAME	HERMAN, MITCHELL	3.4 CITY-STATE-ZIP	
STREET ADDRESS	30 FIELDSTON DR.	4.1 TITLE	
CITY-STATE-ZIP	LIVINGSTON NJ	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	D	4.4 CITY-STATE-ZIP	
NAME	STERN, ARTHUR	5.1 TITLE	
STREET ADDRESS	3333 HENRY HUDSON PKWY	5.2 NAME	
CITY-STATE-ZIP	NEW YORK NY	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	
NAME	FIFE, MARTIN	6.2 NAME	
STREET ADDRESS	25 CENTRAL PARK WEST APT 21-J	6.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY	6.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	7.1 TITLE	
TITLE	D	7.2 NAME	
NAME	BADILLO, HERMAN	7.3 STREET ADDRESS	
STREET ADDRESS	909 THIRD AVENUE	7.4 CITY-STATE-ZIP	
CITY-STATE-ZIP	NEW YORK NY		

14. I do 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.

SIGNATURE: **MITCHELL HERMAN, CEO** (201) 567-5648

CR2E034 (9/96)