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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT # F95000005184 (5)								1						
UNICOR FUNDING, INC.														
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Principal Place of Business Malling Address										*****	cum (640) Divid ABIII I		# # # # # # # # # # # # # # # # # # #	TEBBS OBLIC BIÐS SØÐS
26391 CROWN VALLEY PARKWAY MISSION VIEJO CA 92691				26391 CROWN VALLEY PARKWAY MISSION VIEJO CA 92691										
											orated or Qualified 1995	3a.	Date of Last	Report
2. Principal Pl	lace of Busin	oss		2a. Mailing Address					4. FEI Nu	mber		l		Applied For
Suite, Apt.	#, etc.		26	Suite, Apt. #, etc.					NOT APPLICABLE				Not Applicable	
22			27	h					5. Certific	ale of	Status Desired		-	75 Additional a Required
City & State	Ð		F··-1	City & State					6. Election	n Can	paign Financing			00 May Be
Zip Country				[28]							ontribution		Add	led to Fees
24	25		29	·		Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No.				s 199.032,	
9. Name and Address of Current								1	Florida Statutes Yes No 10. Name and Address of New Registered Agent					
						81	Name					gioti	orea Agent	
CORPORATE ACCESS, INC.				62			Street	Addres	s (P.O. Box	Numb	er is Not Accepta	hle)		
). THOMAS HASSEE FL	VILLE ROAD									- To the top to			
INLUN	MOSEE FL	. 23303			ł	83								
						84	City						85 2	rp Code
11. Pursuant t	to the provisi	ons of Sections 607,050 both, in the State of Flor	2 and 607.1	508, Florida Stat	utes, the above	l. ve⊹n:	arned c	orporatio	on submits t	hie eta	alement for the n		FL	
or register familiar wit	ed agent, or th, and accep	both, in the State of Flor pt the obligations of, Sec	ida. Such d tion 607,05	hange was autho 05, Florida Statut	rized by the c	orpc	ration's	board o	of directors.	I herel	by accept the app	oointme	nt as registere	registered office id agent, I am
SIGNATURE _														
12,	Signature, typed	or printed haline of registered agen			NOTe: Registered	Agont	signature	required wi					VIE	
TITLE	PCD	OFFICERS AN	DWEGIC	DELETE	13.				ADDITIC	NS/C	HANGES TO OF	ICERS		
NAME		HOUSE, FRANK		E DELETT	1. / III			7.	1.2		T 1		🗶 Change	☐ Addition
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CITY-ST-ZIP		N VIEJO CA			1.4 CiT			i						
TITLE	STD			DELETE	2 1 1	*	1711/22						Change	Addition
NAME		HOUSE, LAURA	154		2.2 NA	Vξ		İ						
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CITY-ST-ZIP			·····		5.4 CiTY		Į.							
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NAME CORELL ADDRESS					6.2 NAM	!E							· -	
STREET ADDRESS CITY-S1-ZIP					6.3 STR	EET AL	DDRESS							
14. I do hereby	certify that t	he information supplied von indicated on this annu	vith this film	n is voluntarily for	64 CHY		L	56 . 6 11			16			
oath that L	am an office	on indicated on this annu- r director of the corpo- Block 43 if changed, or c	سيلقيم مماؤمة		TOP TOP OF LIG	true d to	and accente	ing for the curate all this rep	nd that my s port as requi	i state iignatu red by	ed in Section 119. Dre shall have the V Chapter 607, Fig	u7(3)(k), same le orida St	, Florida Statut egal effect as if atutes; and tha	es. I further ' made under at my name

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Frankhouse 4/30/96 582.3777
President