

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 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 # F96000003836 (1)

1. Corporation Name

APR FUNDING CORPORATION



Principal Place of Business

Mailing Address

8245 NIEMAN RD., STE. 100
LENEXA KS 66214

8245 NIEMAN RD., STE. 100
LENEXA KS 66214-1509

3. Date Incorporated or Qualified

3a. Date of Last Report

07/30/1996

4. FEI Number

Applied For

48-1173678

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32399-0300

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTER, C. TED	
STREET ADDRESS	8245 NIEMAN RD., STE. 100	
CITY-ST-ZIP	LENEXA KS 66214	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	O'NEIL, TIMOTHY P	
STREET ADDRESS	8245 NIEMAN RD., STE. 100	
CITY-ST-ZIP	LENEXA KS 66214	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEALY, PATRICK F	
STREET ADDRESS	3829 W. 58TH ST.	
CITY-ST-ZIP	FAIRWAY KS 66205	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HICKMAN, RANDALL D	
STREET ADDRESS	8245 NIEMAN RD., STE. 100	
CITY-ST-ZIP	LENEXA KS 66214	
TITLE	Secretary / Director	<input type="checkbox"/> DELETE
NAME	Mark A. Foltz	
STREET ADDRESS	8245 Nieman Road, Suite 100	
CITY-ST-ZIP	Lenexa KS 66214	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Pres. CEO, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Timothy P. J. Neil	
1.3 STREET ADDRESS	8245 Nieman Road, Suite 100	
1.4 CITY-ST-ZIP	Lenexa, KS 66214	
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		

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:

Signature of Randall D. Hickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)