

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F96000003836 (1)**

1. Corporation Name

**APR FUNDING CORPORATION**

Principal Place of Business

**8245 NIEMAN RD., STE. 100  
LENEXA KS 66214**

Mailing Address

**8245 NIEMAN RD., STE. 100  
LENEXA KS 66214**

**FILED**

**98 APR -9 PM 3:31**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/30/1996**

4. FEI Number

**48-1173678**

Applied For

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITAL  
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

**81** Name **Corporation Service Company**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
**83**  
**84** City **Tallahassee** **FL** **85** Zip Code **32301**

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, 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 Changing)

**Karen B. Rozar, As Its Agent**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PCEO**  
STREET ADDRESS **NEIL, TIMOTHY**  
CITY-ST-ZIP **8245 NIEMON RD STE 100  
LENEXA KS**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **FOLTZ, MARK**  
CITY-ST-ZIP **8245 NIEMON RD STE 100  
LENEXA KS**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HEALY, PATRICK F**  
CITY-ST-ZIP **3829 W. 58TH ST.  
FAIRWAY KS 66205**

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **HICKMAN, RANDALL D**  
CITY-ST-ZIP **8245 NIEMAN RD., STE. 100  
LENEXA KS 66214**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

**Randall D Hickman As Sec 3-19-98**

CR2E034 (10/97)