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FILED

May 19 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 # F96000006060 (5)

1. Corporation Name
FIRST NATIONAL FUNDING CORPORATION OF AMERICA

Principal Place of Business
440 RT 17 N
HASBROUCK HEIGHTS NJ 07804

Mailing Address
440 RT 17 N
HASBROUCK HEIGHTS NJ 07804-3000



2. Principal Place of Business 21 Suite Apt #, etc 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/20/1996		3a. Date of Last Report	
21		26		4. FEI Number 06 1213 406		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AKERMAN, SENTERFITT & EIDSON, P.A.
216 S MONROE ST #200
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPARILLO, PAUL JR	1.2 NAME	
STREET ADDRESS	RD #1, DAY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAMPBELL HALL NY 10916	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPARILLO, MICHAEL A JR	2.2 NAME	
STREET ADDRESS	571 MOUNTAIN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON TOWNSHIPS NJ 07882	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPARILLO, THOMAS A JR	3.2 NAME	DELETE Thomas Lamparillo Jr.
STREET ADDRESS	571 MOUNTAIN AVE	3.3 STREET ADDRESS	75 Union St
CITY-ST-ZIP	WASHINGTON TOWNSHIPS NJ 07882	3.4 CITY-ST-ZIP	Hackensack NJ 07604
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPARILLO, THOMAS A JR	4.2 NAME	
STREET ADDRESS	75 UNION ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ 07601	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLI, ROSINA	5.2 NAME	
STREET ADDRESS	75 UNION ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ 07601	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Vice President
STREET ADDRESS		6.3 STREET ADDRESS	Rosina Pelli
CITY-ST-ZIP		6.4 CITY-ST-ZIP	7 Staal Lane

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: Thomas Lamparillo Jr. 4/27/97 201 288 4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)