

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

FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 07604**

Mailing Address

**440 RT 17 N  
HASBROUCK HEIGHTS NJ 07604**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**11/20/1996**

4. FEI Number

**06-1313406**

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

9. Name and Address of Current Registered Agent

**AKERMAN, SENTERFITT & EIDSON, P.A.  
218 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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DCP  
LAMPARILLO, PAUL JR  
RD #1, DAY RD  
CAMPBELL HALL NY 10916**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
LAMPARILLO, MICHAEL A JR  
571 MOUNTAIN AVE  
WASHINGTON TOWNSHIPS NJ 07882**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V  
LAMPARILLO, THOMAS A JR  
75 UNION ST  
HOCKENSACK NJ**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
LAMPARILLO, THOMAS A JR  
75 UNION ST  
HACKENSACK NJ 07601**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP  
PELLI, ROSINA  
7 STAAL LANE  
LODI NJ**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

*[Signature]*

11/7/98

CR2E034 (10/97)