


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

FILED

**May 05 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 # F96000006180 (1) 1. Corporation Name FUNDING PLUS, INC.		
Principal Place of Business 18107 SHERMANWAY, #100 RESIDA CA 91335-4564	Mailing Address 18107 SHERMANWAY, #100 RESIDA CA 91335	



3. Date Incorporated or Qualified 11/25/1996		3a. Date of Last Report	
4. FEI Number 77-0298463		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Place of Business 12950 North Dale Maybry Hwy Suite, Apt. #, etc.		2a. Mailing Address 1108 Via Verde Drive Suite, Apt. #, etc.	
22. City & State Tampa, CA		27. City & State San Dimas, CA	
24. Zip 33618	25. Country USA	29. Zip 91773	30. Country USA

9. Name and Address of Current Registered Agent TAYLOR, DAVE 1475 TUNGHILL DR. TALLAHASSEE FL 32311		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		85. Zip Code FL	

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 PDC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRAINER, MITCHELL R		1.2 NAME	
STREET ADDRESS 33211 N. 58TH ST. CAVE CREEK AZ 85331		1.3 STREET ADDRESS	
CITY - ST - ZIP CAVE CREEK AZ 85331		1.4 CITY - ST - ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSEN, HARVEY H		2.2 NAME	
STREET ADDRESS 4211 ROMA CT. MARINA DEL REY CA 90292		2.3 STREET ADDRESS	
CITY - ST - ZIP MARINA DEL REY CA 90292		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Mitchell R. Trainer **Mitchell R. Trainer** **4.21.97** **909-592-8200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012843

CR2E034 (9/96)