


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

**FILED**  
**Feb 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006180 (1)**  
 1. Corporation Name  
**FUNDING PLUS, INC.**



Principal Place of Business <b>12950 N DALE MABRY HWY TAMPA FL 33618 US</b>	Mailing Address <b>1108 VIA VERDE DR SAN DIMAS CA 91773 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
<b>21</b>		<b>26</b>	<b>173 E. COLLEGE ST.</b>	<b>11/25/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
<b>22</b>		<b>27</b>	<b># 158</b>	<b>77-0298463</b>	Applied For
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23</b>		<b>28</b>	<b>COVINA, CA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b>		<b>29</b>	<b>91723</b>	<b>30</b>	<b>US</b>

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

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	<b>PDC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAINER, MITCHELL R</b>	1.2 NAME	
STREET ADDRESS	<b>33211 N. 56TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAVE CREEK AZ 85331</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEN, HARVEY H</b>	2.2 NAME	
STREET ADDRESS	<b>4211 ROMA CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARINA DEL REY CA 90292</b>	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 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 \_\_\_\_\_ **2-17-98** **686-858-9917**

CR2E034 (10/97)