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FILED

Feb 25 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 # F96000006301 (3)

1. Corporation Name:

EDUCATIONAL FUNDING GROUP CORP.



Principal Place of Business

Mailing Address

1 HAWLEY TERRACE, #2B  
YONKERS NY 10701

1 HAWLEY TERRACE, #2B  
YONKERS NY 10701-1218

3. Date Incorporated or Qualified  
12/04/1996

3a. Date of Last Report  
NEW

2. Principal Place of Business

2a. Mailing Address

21 1 Hawley Terrace 2B  
Suite, Apt. #, etc.

26 135 Tarpon Ave  
Suite, Apt. #, etc.

22 #2B

27

23 City & State

28 City & State

Yonkers NY

Medford NY 11763

24 Zip

29 Zip

10701

11763

Country

Country

USA

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD., #2211  
PALM BEACH GARDENS FL 33418

81 Name

Same

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

FOLEY, MIKE

STREET ADDRESS

1 HAWLEY TERRACE, #2B

CITY-ST-ZIP

YONKERS NY 10701

TITLE

STD

NAME

EVANGELISTA, KENNY

STREET ADDRESS

1 HAWLEY TERRACE, #2B

CITY-ST-ZIP

YONKERS NY 10701

TITLE

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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:

Signature and typed or printed name of signing officer or director

Feb. 13, 1997

212 285 5875

Date

Daytime Phone # 0011230

CP2E034 (9/96)