


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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006692 (5)**

1. Corporation Name
CCA FUNDING MANAGER, INC.



Principal Place of Business 3050 N HORSESHOE DR #280 NAPLES FL 33942	Mailing Address 3050 N HORSESHOE DR #280 NAPLES FL 34104-7910
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3. Date Incorporated or Qualified 12/20/1996	3a. Date of Last Report
4. FEI Number 65-0713530	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

10. Name and Address of New Registered Agent	
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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 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 D	BRUNELLI, JOHN J <input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME Deborah A. Lau	
STREET ADDRESS		1.3 STREET ADDRESS Same	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE DT	TRYBUS, TIMOTHY <input checked="" type="checkbox"/> DELETE	2.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME John L. Silverman	
STREET ADDRESS		2.3 STREET ADDRESS Same	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE DV	FATER, DAVID H <input checked="" type="checkbox"/> DELETE	3.1 TITLE Executive Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME William J. Krystopowicz	
STREET ADDRESS		3.3 STREET ADDRESS Same	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE P	SINGLETON, GARY W <input checked="" type="checkbox"/> DELETE	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Michael S. Blass	
STREET ADDRESS		4.3 STREET ADDRESS Same	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE S	KRYSTOPOWICZ, WILLIAM J <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: _____

REQUIRED

5/1/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008362

CR2E034 (9/96)