

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000003284 (3)

1. Corporation Name

BLS FUNDING CORPORATION

Principal Place of Business

1101 STEWART AVENUE STE 304  
GARDEN CITY NY 11530

Mailing Address

1101 STEWART AVENUE STE 304  
GARDEN CITY NY 11530

2. Principal Place of Business

21 1101 Stewart Avenue  
Suite, Apt. #, etc.

22 Suite 100  
City & State

23 Garden City, NY 11530

24 Zip 25 Country

2a. Mailing Address

26 1101 Stewart Avenue  
Suite, Apt. #, etc.

27 Suite 100  
City & State

28 Garden City, NY 11530

29 Zip 30 Country

9. Name and Address of Current Registered Agent

ALVARO, WILLIAM  
212 NE 23RD AVE, STE B  
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified

06/24/1997

4. FEI Number

11-3250896

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

10. Name and Address of New Registered Agent

81 Name

Nations Corp. Registered Agents, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

526 East Park Avenue

83

84 City

Tallahassee

FL

85 Zip Code

32302-

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

Ed Alvarado

President

9/18/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
1. PSTD  
BROWN, DAVID A  
63 HUNT DRIVE  
JERICHO NY

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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\*\*\*\*550.00 [ ] Change [ ] Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition

T.B. 9/21 98AR

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.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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