

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).

FILED

Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000005000 (1)

1. Corporation Name
PROCAPITAL FUNDING CORP.



Principal Place of Business
**7819 NORFOLK AVE.
 BETHESDA MD 20814**

Mailing Address
**7819 NORFOLK AVE.
 BETHESDA MD 20814**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7920 Norfolk Avenue

2a. Mailing Address
26 7920 Norfolk Avenue

3. Date Incorporated or Qualified
09/24/1997

4. FEI Number
52-1825288

Applied For
 Not Applicable

Suite, Apt. #, etc.
22 11th Floor

Suite, Apt. #, etc.
27 11th Floor

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 Bethesda, MD 20814

City & State
28 Bethesda, MD 20814

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 20814 25

Zip Country
29 20814 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

81 Name

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 **N/A**

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
DP DELETE
 NAME
MAGED, STEPHEN
 STREET ADDRESS
7819 NORFOLK AVE.
 CITY-ST-ZIP
BETHESDA MD 20814

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **7920 Norfolk Avenue, 11th Floor**
 1.4 CITY-ST-ZIP

TITLE
DV DELETE
 NAME
PAPALOIZOS, JOHN
 STREET ADDRESS
7819 NORFOLK AVE.
 CITY-ST-ZIP
BETHESDA MD 20814

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **7920 Norfolk Avenue, 11th Floor**
 2.4 CITY-ST-ZIP

TITLE
DST DELETE
 NAME
PAPALOIZOS, GUS
 STREET ADDRESS
7819 NORFOLK AVE.
 CITY-ST-ZIP
BETHESDA MD 20814

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **7920 Norfolk Avenue, 11th Floor**
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS **500002607085**
 5.4 CITY-ST-ZIP **-08/04/98--01065--008**
*****158.75**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 **7-7-98 301-718-0088**

CR2E034 (5/98)

PE 7.30

**PROCAPITAL
FUNDING
CORP.**

7920 Norfolk Avenue
11th Floor
Bethesda, Maryland 20814
(301) 718-0088 FAX (301) 718-0089

PJ2

July 23, 1998

Tyrone Scott
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Scott:

On July 2, 1998, we received our 1998 Profit Corporation Annual Report, however it was marked "2nd Notice". Upon receipt of the notice I called and spoke to Ms. Cynthia Blaylock because we had never received our first notice. I would appreciate it if you can please look into this matter since we have never been late in filing our annual reports with any of the seventeen states in which we are currently licensed.

Pursuant to my conversation with you, I am once again forwarding our Annual Report with our fee of \$150.00 plus an additional 8.75 for our certificate of status. I respectfully request that you waive our late fee of \$400.00.

If you have any questions please feel free to contact me at 1-800-299-1664.

Sincerely,

Rogina Scott

Rogina Scott
Administrator