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

FILED
Sep 24 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 # H697766

1. Corporation Name
National Funding Source Inc.

Principal Place of Business — Mailing Address
6107 Memorial
Suite G
Tampa, Fl. 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/85

2. Principal Place of Business
21 same
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26 6107 memorial Hwy
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — Country 30

4. FEI Number: 59-2515748 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ XX — $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 XX

9. Name and Address of Current Registered Agent
James P. Kamer
14111 Knottingsley Pl.
Tampa,Fl. 33624

10. Name and Address of New Registered Agent
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 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Name and Title of Officer or Director of Corporation) — (Registered Agent Signature required if registered agent) — DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
President, Sec-Treasurer	James P. Kamer	14111 Knottingsley Pl.	Tampa	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Add
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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9-24

14. I hereby certify that the corporation has paid all fees due to this office for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of this report or in my capacity as registered agent.

SIGNATURE: James P Kamer, President — 9-16-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (10/97)