1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H69766

1. Corporation Name

| NATION | al funding source, inc | • | | | | | | |
|-------------------------------|--|---|-------------------------|----------------------------------|---|----------------------------|--------------|--|
| Principal Place | e of Business , | Mailing Address | | | 4 Ideiali aire airea ion; soora airea aire | ,, 61811 61611 41611 61611 | 1 21217 1001 | |
| 6107 MEMORIA | NL Company | 6107 MEMORIAL | | | | | | |
| STE G | | | | | DO NOT WRITE IN TH | DO NOT WRITE IN THIS SPACE | | |
| TAMPA FL 33615 TAMPA FL 33615 | | | | 3. Date Incorporated or Qualifed | | IIO OI AOL | | |
| | | | | | 08/05/1985 | | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applie | ed For | |
| 21 | and of Brames | 26 | | | 59-2515748 | Not A | Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 Add | ditional | |
| 22 27 27 | | | | | 3. Certificate of Status Desired (2) | Fee Requi | ired | |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 Ma | , , | |
| 23 | | 28 | | | Trust Fund Contribution | Added to F | Fees | |
| Zip | Country | Zip | Cour | ntry | 8. This corporation owes the current year | Intangible | d'ana | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. 10. Name and Address of New Registers | | ŽNo | |
| | 9. Name and Address of Currer | nt Registered Agent | | 81 Name | 10. Name and Address of New Registers | a Agent | | |
| KAM | IER, JAMES P. | ** 1 | | | | | | |
| | 11 KNOTTINGSLEY PL. | |) | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| | IPA FL 33624 | | ŀ | 83 | | | | |
| | | | - 1 | | ARTON CONTRACTOR CONTRACTOR | . Ag 10 | 1, | |
| | • | | | 84 City | | 85 Zip Coo | de : · · · · | |
| office or r | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was a itions of, Section 607.0505, Flo | utnorized rida Statu | tes. | pration submits this statement for the purpose n's board of directors. I hereby accept the app | pointment as regis | itered | |
| OIGITATORE | Signature, typed or printed name of registered age | | | Agent signature required | | AND DIDECTOR | 0.01.40 | |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | | Addition | |
| TITLE | PST | ☐ DELETE | 1.1 7(1 | | | □ ouruigo | | |
| NAME | KAMER, JAMES P. | | 1.2 NA | | | | í | |
| STREET ADDRESS | 1 \ | | | REETADORESS | | | Ì | |
| CITY-ST-ZIP | TAMPA FL 33624 | ☐ DELETE | 1.4 CIT | Y-ST-ZIP | | Change | Addition | |
| TITLE | (| , Official | 2.1 III | Į į | | _ , | _ | |
| NAME | | | | REET ADDRESS | | | | |
| - STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | 5 mg g | | TY-ST-ZIP | · · · · · · · · · · · · · · · · · | | | |
| CITY-ST-ZIP TITLE | - | ☐ DELETE | 3.1 TII | | | ☐ Change | Addition | |
| NAME | | | 3.2 NA | ME | | | | |
| STREET ADDRESS | | | 3.3 ST | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | ry-st-zip | | | | |
| TITLE | | ☐ DELETE | 4.1 717 | LE | | Change | Addition | |
| NAME | | | 4.2 N | ME | | | | |
| STREET ADDRESS | | | 4.3 ST | REET ADDRESS | | | | |
| CITY-ST-ZIP | <u> </u> | | 4.4 CI | Y-ST-ZIP | | | | |
| TITLE | 1 | ☐ DELETE | 5.1 शा | | • | Change | ☐ Addition | |
| NAME | | | 5.2 NA | | • | | | |
| STREET ADDRESS | s | | | REET ADDRESS | | | | |
| City-St-ZIP | | | | Y-ST-ZIP | | | □ Add:4:4- | |
| TITLE | | ☐ DELETE | 6.1 TII | [| | Change | Addition | |
| NAME | 1 | | 6.2 NA | | | | | |
| | , | | ■ 63 ST | REET ADDRESS | | | l. | |

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 any address, with all other like empowered

6.4 CITY+ST+ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3886/083

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90173 038 ***158.75