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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K20495

(3)

FIDELITY FUNDING SYSTEMS, INC.

FILED

May 05 1998 8:00am

Secretary of State

Principal	Place	of	Busines
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% RICHARD P. GREENE, P.A. 2455 E. SUNRISE BLVD., SUITE 905 FT. LAUDERDALE FL 33304 Mailing Address

% RICHARD P. GREENE, P.A. 2455 E. SUNRISE BLVD., SUITE 905 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified

					04/08/1988			
2 Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For			
21	26				59-2990554	Not Applicable		
Suite, Apt. #, etc.		Suite, Apl. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be		
23 28		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zıp	Country	,	8. This corporation owes or has paid the cur	rrent year Intangible		
24	25	29	30			☐ Yes ☐ No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent		
GR	EE NE, RICHARD P. P.A.		81	Name				
2455 E. SUNRISE BLVD., SUITE 905 FT. LAUDERDALE FL 33304			R2	82 Street Address (P.O. Box Number is Not Acceptable)				
			"					
			83					
			<u> </u>			· []		
			84	City	FL	85 Zip Code		
11. Pursuant t	to the provisions of Sections 607.05	502 and 607,1508, Florida St	atutes, the above	e-named cor	poration submits this statement for the purpose of	f changing its registered		
office or re	egistered agent, or both, in the Sta	te of Florida. Such change w	as authorized by	y the corpora	tion's board of directors. I hereby accept the app	pointment as registered		
ageni. i a	m lamiliar with, and accept the obli	igations of, Section 607.0505	, Fiorida Statute:	S .				
SIGNATURE	Signature typed or printed name of registered a	and and tile of southern	NOTE Registered Age		ired when reinstating) DATE			
12.		ND DIRECTORS	13.	ant signature requ	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12		
***	D	DELTTE	1.1 TITLE		ADDITIONS/OFFARINGES TO OFFICERS AND	Change Addition		
	DOROW, W.A., JR.					Charge C Addition		
NAME	10222 MARAMONT COURT		1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS				
Latin-ST-ZIP	RICHMOND VA	-	1.4 CITY - S	51 - ZIP				
Till (E		DELETE	2.1 TITLE	Ì	•	Change Addition		
1,11,1E			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
1974 - \$1 - 2IP			2.4 CITY-	ST-ZIP				
1H; £		☐ DELETE	3.1 TITLE			Change Addition		
Name			3.2 NAME					
DIRECT ADDRESS			3.3 STREET	ADDRESS				
City-St-ZiP			3.4. CITY-	ST-ZIP				
TIFLE		DELETE	4.1 TITLE			Change Addition		
NAME			4. 2 NAME					
ETPEET ADDRESS			4.3 STREET	-				
THE ST-ZIP		DELETE	4.4 CITY - 5	51 - ZfP		Change Addition		
1		_ peccie	5.1 TITLE	1		C O PROBLEC C POSITION		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
017 Y - \$1 - ZIP			5.4 CiTY - S	ST-ZIP				
THE		DELETE	6.1 TITLE		<u> </u>	Change Addition		
NAME :	i I		6.2 NAME		6000025124 -05/06/98010060			
STREET ADDRESS			6.3 STREET	ADDRESS	_na\no\agnI\n\\	ار) الم		
Off Y • \$1 • ZIP			64 CITY-5	T-71P	***150.00	y		

4. 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 Black 12 or Block 13 if changed, or on a return with an address.

W.A. Dorow. Jr.