

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L71995 (9)

1. Corporation Name

ASSOCIATED FUNDING CORP.



Principal Place of Business

2840 S ASHLEY DR
W PALM BEACH FL 33415
US

Mailing Address

2840 D ASHLEY DR
W PALM BEACH FL 33415
US

3. Date Incorporated or Qualified
04/03/1990

3a. Date of Last Report
08/22/1995

2. Principal Place of Business

21 809 Riverbend Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 809 Riverbend Blvd.
Suite, Apt. #, etc.

4. FEI Number
65-0198827

Applied For
Not Applicable

22 City & State
Longwood, FL

27 City & State
Longwood, FL

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

23 Zip
32779

24 Country
US

28 Zip
32779

29 Country
US

30 Country
US

9. Name and Address of Current Registered Agent

DUCLOS, LINDA C.
2840 D ASHLEY DR
W PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name DUCLOS, LINDA
82 Street Address (P.O. Box Number is Not Acceptable)
809 RIVERBEND BLVD.
83
84 City LONGWOOD FL 85 Zip Code 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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

LINDA C. DUCLOS

Linda C. Duclos

6/27/96

Signature typed or printed name of registered agent (if the registered agent is not the corporation)

Signature typed or printed name of registered agent (if the registered agent is not the corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	DUCLOS, LINDA C.	11061 NUTMEG DR.	PALM BEACH GDS. FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	809 Riverbend Blvd	Longwood, FL	32779	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Linda C. Duclos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/96

407-788-1547

Date

Daytime Phone #

CR2E034 (12/95)