

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L71995** (9)
1. Corporation Name
ASSOCIATED FUNDING CORP.

FILED
97 AUG 19 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business 809 RIVERBEND BLVD LONGWOOD FL 32779 US	Mailing Address 809 RIVERBEND BLVD LONGWOOD FL 32779 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1990		3a. Date of Last Report 07/08/1996	
4. FEI Number 65-0198827		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 14811 69th Dr. N Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.
22 City & State 23 PALE BEACH GDNS, FL	27 City & State
24 Zip 33418 Country USA	29 Zip Country

9. Name and Address of Current Registered Agent
**DUCLOS, LINDA
809 RIVERBEND BLVD
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name DUCLOS, LINDA
82 Street Address (P.O. Box Number is Not Acceptable)
83 14811 69th Dr. N.
84 City Palm Beach Gardens FL 85 Zip Code 33418

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCLOS, LINDA C. 11061 NUTMEG DR. PALM BCH. GDNS. FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Linda C. Duclos 14811 69th Dr. N. Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	300002272913-13 -08/20/97--01113--007 ****165.00 ****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 **Linda C. Duclos** **LINDA C. DUCLOS 8/14/97 919-266-2125**

CR2E034 (4/97)

(2)

Associated Funding Corp.
14811 69th. Dr. N.
Palm Beach Gardens, FL 33418

August 11, 1997

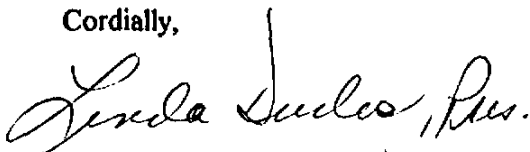
Florida Dept. of State
Sandra B. Mortham
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Mortham,

I just received the first notice for the annual report and filing fees. Upon my phone call with your office today I was instructed to send this letter informing you of this along with the report and a check for \$165 and the late fees would be waived.

Thank you.

Cordially,

A handwritten signature in cursive script that reads "Linda Duclos, Pres.".

Linda Duclos, Pres.
Associated Funding Corp.