

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L76737

1. Corporation Name

Business Funding of Florida, Inc.

Principal Place of Business

4000 Island Blvd.
Suite 2904
N. Miami Beach, FL 33160

Mailing Address

P.O. Box 6798
Arlington, VA 22206

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		5/30/1990			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number		Applied For	
22		27		65-0205700		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Haskin, Eugene
4000 Island Blvd.
#2904
N. Miami Beach, FL 33160

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(b)(1) Registered Agent's signature required when resigning

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fishman, Leon	1.2 NAME	
STREET ADDRESS	20191 E. Country Club Dr.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	N. Miami Beach, FL	1.4 CITY-STATE-ZIP	
TITLE	S/T/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winkler, Lawrence M.	2.2 NAME	
STREET ADDRESS	1300 Crystal Dr., #506	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Arlington, VA	2.4 CITY-STATE-ZIP	
TITLE	Sr. V.P.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Bret L.	3.2 NAME	
STREET ADDRESS	225 Marlborough Pt. Rd.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Stafford, VA	3.4 CITY-STATE-ZIP	
TITLE	Sr. V.P.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fishman, Craig	4.2 NAME	
STREET ADDRESS	2700 S. Quincy St., Suite 450	4.3 STREET ADDRESS	
CITY-STATE-ZIP	Arlington VA	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemption Price #

CR2E034 (12/95)