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Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **L76737** **(0)**

1. Corporation Name
BUSINESS FUNDING OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4000 ISLAND BLVD STE 2904 N MIAMI BEACH FL 33160 US	P. O. BOX 6798 ARLINGTON VA 22206-0798 US

3. Date Incorporated or Qualified: 05/30/1990	3a. Date of Last Report: 03/26/1996
4. FEI Number: 65-0205700	☐ Applied For ☐ Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FISHMAN, LEON		1.2 NAME	Craig Fishman	
STREET ADDRESS	20191 E. COUNTRY CLUB DR		1.3 STREET ADDRESS	2700 S. Quincy St, Suite 540	
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	Arlington, VA 22206	
TITLE	STD	☐ DELETE	2.1 TITLE	S/T	☒ Change ☐ Addition
NAME	WINKLER, LAWRENCE M		2.2 NAME	Lawrence M. Winkler	
STREET ADDRESS	1300 CRYSTAL DR, #506		2.3 STREET ADDRESS	2700 S. Quincy St., Suite 540	
CITY-ST-ZIP	ARLINGTON VA		2.4 CITY-ST-ZIP	Arlington, VA 22206	
TITLE	SRVP	☐ DELETE	3.1 TITLE	EVP	☐ Change ☒ Addition
NAME	FISHMAN, CRAIG		3.2 NAME	Peter Matthy	
STREET ADDRESS	2700 S. QUINCY ST., SUITE 450		3.3 STREET ADDRESS	2700 S. Quincy St., Suite 540	
CITY-ST-ZIP	ARLINGTON VA		3.4 CITY-ST-ZIP	Arlington, VA 22206	
TITLE		☐ DELETE	4.1 TITLE	SRVP	☐ Change ☒ Addition
NAME			4.2 NAME	Wade Hotsenpiller	
STREET ADDRESS			4.3 STREET ADDRESS	2700 S. Quincy St., Suite 540	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Arlington, VA 22206	
TITLE		☐ DELETE	5.1 TITLE	GC	☐ Change ☒ Addition
NAME			5.2 NAME	Richard Brasch	
STREET ADDRESS			5.3 STREET ADDRESS	2700 S. Quincy St., Suite 540	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Arlington, VA 22206	
TITLE		☐ DELETE	6.1 TITLE	AGC	☐ Change ☒ Addition
NAME			6.2 NAME	George Demas	
STREET ADDRESS			6.3 STREET ADDRESS	2700 S. Quincy St., Suite 540	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Arlington, VA 22206	

CR2E034 (9/96)

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: [illegible] (305)936-[illegible]

Section 13. (con't)

7.1 Title:	AT	Addition
7.2 Name:	Kimeth Gardner	
7.3 Street Address:	2700 S. Quincy St., Suite 540	
7.4 City-ST-Zip:	Arlington, VA 22206	