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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L86222** (1)

1. Corporation Name
AMERICAN FEDERATED FUNDING, INC.

Principal Place of Business 1476 MARKET CIR. UNIT A PORT CHARLOTTE FL 33953 US	Mailing Address 1476 MARKET CIR. UNIT A PORT CHARLOTTE FL 33953 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/05/1990	
4. FEI Number 65-0203543	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**WHEELER, RUDOLPH E JR.
1305 ALGIERS ST.
PORT CHARLOTTE FL 33980**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CARUSO, MICHAEL W.
STREET ADDRESS	7570 W. FLAMINGO RD., UNIT 134
CITY-ST-ZIP	LAS VEGAS NV
TITLE	PDS <input type="checkbox"/> DELETE
NAME	CARUSO, ROSE J.
STREET ADDRESS	7570 W. FLAMINGO RD., UNIT 134
CITY-ST-ZIP	LAS VEGAS NV
TITLE	VP <input type="checkbox"/> DELETE
NAME	WHEELER, RUDOLPH E JR.
STREET ADDRESS	1305 ALGIERS ST.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	DO <input type="checkbox"/> DELETE
NAME	WHEELER, CYNTHIA R
STREET ADDRESS	1305 ALGIERS ST.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARUSO, MICHAEL W.
1.3 STREET ADDRESS	690 Beeche St. NW
1.4 CITY-ST-ZIP	Port Charlotte, FL 33948
2.1 TITLE	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARUSO, ROSE J.
2.3 STREET ADDRESS	690 Beeche St NW
2.4 CITY-ST-ZIP	Port Charlotte FL 33948
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rudolph E. Wheeler Jr.*

3-12-98 941-627-4500

CR2E034 (10/97)