FILE NOW: FILING FEE AFTER MAY 1 IS ~~$225.00~~ Fee $61.25

CORPORATION ANNUAL REPORT **1995** Amend

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

APPROVED AND FILED

95 APR 19 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****70.00 *****70.00

DOCUMENT # M83969

1. Corporation Name

BEVERLY HILLS FUNDING CORPORATION

Principal Place of Business	Mailing Address
3000 Northeast 30 Place Suite #107 Fort Lauderdale, Florida 33306	3000 Northeast 30 Place Suite #107 Fort Lauderdale, Florida 33306

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1988
3a. Date of Last Report: 02/06/1995

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

4. FEI Number: 65-0052902 ☐ 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

9. Name and Address of Current Registered Agent

Blaustein, Donna R.
1111 Lincoln Road
#680
Miami Beach, Florida 33139

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	PDT	11 TITLE	President/Director	☒ Change ☐ Addition
NAME	Thurston, Michael A.	12 NAME	Thurston, Michael A.	
STREET ADDRESS	1800 South Ocean Boulevard	13 STREET ADDRESS	1800 South Ocean Boulevard	
CITY-ST-ZIP	Pompano Beach, Florida	14 CITY-ST-ZIP	Pompano Beach, Florida 33062	
TITLE	D	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	Glaser, Mark L.	22 NAME	Glaser, Mark L.	
STREET ADDRESS	3331 Oak Drive	23 STREET ADDRESS	3331 Oak Drive	
CITY-ST-ZIP	Hollywood, Florida	24 CITY-ST-ZIP	Hollywood, Florida	
TITLE	D	31 TITLE	Vice President	☒ Change ☐ Addition
NAME	Volpe, George	32 NAME	Volpe, George	
STREET ADDRESS	20230 Northeast 3 Court, #1	33 STREET ADDRESS	20230 Northeast 3 Court, #1	
CITY-ST-ZIP	North Miami Beach, Florida	34 CITY-ST-ZIP	North Miami Beach, Florida	
TITLE	D	41 TITLE	Secretary	☒ Change ☐ Addition
NAME	Thurston, Sidney	42 NAME	Thurston, Sidney	
STREET ADDRESS	1800 South Ocean Boulevard, #1303	43 STREET ADDRESS	1800 South Ocean Boulevard, #1303	
CITY-ST-ZIP	Pompano Beach, Florida	44 CITY-ST-ZIP	Pompano Beach, Florida 33062	
TITLE	TS 4/19/95	51 TITLE	Treasurer	☐ Change ☒ Addition
NAME		52 NAME	Loitz, Joseph	
STREET ADDRESS		53 STREET ADDRESS	311 Gardens Drive, #202	
CITY-ST-ZIP		54 CITY-ST-ZIP	Pompano Beach, Florida 33069	
TITLE		61 TITLE	Vice President	☐ Change ☒ Addition
NAME		62 NAME	Kurtzman, Scott	
STREET ADDRESS		63 STREET ADDRESS	1000 South Ocean Boulevard, #5G	
CITY-ST-ZIP		64 CITY-ST-ZIP	Pompano Beach, Florida 33062	

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)(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: _____ 04/07/95 (305) 565-1722 x24
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Thurston