

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M83969

(9)

1. Corporation Name

BEVERLY HILLS FUNDING CORP.



Principal Place of Business

3000 N.E. 30TH PLACE
STE. #107
FT LAUDERDALE FL 33306

Mailing Address

3000 N.E. 30TH PLACE
STE. #107
FT LAUDERDALE FL 33306

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

BLAUSTEIN, DONNA R.
1111 LINCOLN ROAD
#680
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
06/06/1988

3a. Date of Last Report
02/13/1995

4. FFI 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

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 607.0102 and 607.1502, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0604, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of President or Vice President

Signature of Secretary or Treasurer

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PD	THURSTON, MICHAEL A.	1800 S. OCEAN BLVD.	POMPANO BEACH FL 33062
VP	GLASER, MARK	3331 OAK DRIVE	HOLLYWOOD FL
VP	VOLPE, GEORGE	20230 N.E. 3RD CT., #1	NORTH MIAMI BEACH FL
S/T	THURSTON, SIDNEY	1800 SOUTH OCEAN BLVD., #1303	POMPANO BEACH FL 33062
T	LOITZ, JOSEPH	311 GARDENS DRIVE #202	POMPANO BEACH FL 33069
VP	KURTZMAN, SCOTT	1000 SOUTH OCEAN BOULEVARD, #5G	POMPANO BEACH FL 33062

☐ DELETE

☐ DELETE

☒ DELETE

☐ DELETE

☒ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY-STATE-ZIP
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY-STATE-ZIP
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY-STATE-ZIP
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY-STATE-ZIP
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY-STATE-ZIP
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY-STATE-ZIP
7. TITLE	7. NAME	7. STREET ADDRESS	7. CITY-STATE-ZIP
8. TITLE	8. NAME	8. STREET ADDRESS	8. CITY-STATE-ZIP
9. TITLE	9. NAME	9. STREET ADDRESS	9. CITY-STATE-ZIP
10. TITLE	10. NAME	10. STREET ADDRESS	10. CITY-STATE-ZIP
11. TITLE	11. NAME	11. STREET ADDRESS	11. CITY-STATE-ZIP
12. TITLE	12. NAME	12. STREET ADDRESS	12. CITY-STATE-ZIP
13. TITLE	13. NAME	13. STREET ADDRESS	13. CITY-STATE-ZIP
14. TITLE	14. NAME	14. STREET ADDRESS	14. CITY-STATE-ZIP
15. TITLE	15. NAME	15. STREET ADDRESS	15. CITY-STATE-ZIP
16. TITLE	16. NAME	16. STREET ADDRESS	16. CITY-STATE-ZIP
17. TITLE	17. NAME	17. STREET ADDRESS	17. CITY-STATE-ZIP
18. TITLE	18. NAME	18. STREET ADDRESS	18. CITY-STATE-ZIP
19. TITLE	19. NAME	19. STREET ADDRESS	19. CITY-STATE-ZIP
20. TITLE	20. NAME	20. STREET ADDRESS	20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(6)(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 a partner, officer 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 chairman or an alternate to it with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Thurston, President

3/28/96

954
565-1722

CR2E034 (12/95)