

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 28 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 # M83969 (9)

1. Corporation Name
BEVERLY HILLS FUNDING CORP.

Principal Place of Business
3000 N.E. 30TH PLACE
STE. #209
FT LAUDERDALE FL 33306

Mailing Address
3000 N.E. 30TH PLACE
STE. #209
FT LAUDERDALE FL 33306-1857



3. Date Incorporated or Qualified 06/06/1988
3a. Date of Last Report 04/12/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc. #209

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc. #209

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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	PD	<input type="checkbox"/> DELETE
NAME	THURSTON, MICHAEL A.	
STREET ADDRESS	1800 S. OCEAN BLVD.	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLASER, MARK	
STREET ADDRESS	3331 OAK DRIVE	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, DAN	
STREET ADDRESS	11071 SPRINGFIELD PLACE	
CITY - ST - ZIP	COOPER CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THURSTON, SIDNEY	
STREET ADDRESS	1800 SOUTH OCEAN BLVD., #1303	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KURTZMAN, SCOTT	
STREET ADDRESS	1000 SOUTH OCEAN BOULEVARD, #5G	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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:

Michael A. Thurston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

Date

954
565-1722
Daytime Phone #

CR2E034 (9/96)