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95 APR 25 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Bandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25907 (7)
1. Corporation Name
COVINGTON FUNDING COMPANY, INC.

Principal Place of Business Mailing Address
2875 NE 191ST ST., #402 NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/05/1989** 3a. Date of Last Report **04/27/1994**
4. FEI Number **13-1996125** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CAHAN, RICHARD J. ALAN, ESQ
SCHANTZ, SCHATZMAN & AARONSON, P.A.
SOUTHEAST FINANCIAL CENTER, STE. 3650
MIAMI FL 33131-2394**

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 resigning)

12. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	GITTLIN, P. MORTON
STREET ADDRESS	10155 COLLINS AVE.
CITY - ST - ZIP	BAL HARBOUR FL
TITLE	PSD
NAME	GITTLIN, A. SAM
STREET ADDRESS	59 GLENVIEW ROAD
CITY - ST - ZIP	SOUTH ORANGE NJ
TITLE	VDS
NAME	GITTLIN, DAVID B.
STREET ADDRESS	20191 E. COUNTRY CLUB DR
CITY - ST - ZIP	NO. MIAMI BEACH FL
TITLE	VTD
NAME	GITTLIN, BRUCE D.
STREET ADDRESS	178 GREAT HILLS DR.
CITY - ST - ZIP	SOUTH ORANGE NJ
TITLE	
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	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PSD
23 STREET ADDRESS	GITTLIN, A. SAM
24 CITY - ST - ZIP	5901 COLLINS AVE
	BAL HARBOUR, FL 33154
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(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 the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *David B. Gittlin* V.P. *Bruce D. Gittlin* 4/19/95
DATE: 201 95/3/40