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Feb 06 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 # 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

~~2875 NE 191ST ST., #402~~
NORTH MIAMI BEACH FL 33180-2624

3. Date Incorporated or Qualified
09/05/1989

3a. Date of Last Report
06/07/1996

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

21 12000 Biscayne Blvd.

2a. Mailing Address

26 12000 Biscayne Blvd.

Suite, Apt #, etc.

Suite, Apt #, etc.

22 suite 602

27 Suite 602

City & State

City & State

23 Miami, Fl.

28 Miami, Fl.

Zip

Country

Zip

Country

24 33181

25

29 33181

30

9. Name and Address of Current Registered Agent

CAHAN, RICHARD J. ALAN, ESQ
5201 BLUE LAGOON DR.
SUITE 100
MIAMI FL 33126

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CTD ☐ DELETE

NAME GITTLIN, P. MORTON

STREET ADDRESS ~~2875 NE 191ST ST.~~

CITY- ST- ZIP N. MIAMI BEACH FL 33180

TITLE PSD ☐ DELETE

NAME GITTLIN, A. SAM

STREET ADDRESS ~~2875 NE 191ST ST.~~

CITY- ST- ZIP N. MIAMI BEACH FL 33180

TITLE VDS ☐ DELETE

NAME GITTLIN, DAVID B.

STREET ADDRESS ~~2875 NE 191ST ST.~~

CITY- ST- ZIP N. MIAMI BEACH FL 33180

TITLE VTD ☐ DELETE

NAME GITTLIN, BRUCE D.

STREET ADDRESS 70 S. ORANGE AVE. SUITE 225

CITY- ST- ZIP LIVINGSTON NJ 07039

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

12000 Biscayne Blvd.
Miami, Fl. 33181

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

12000 Biscayne Blvd.
Miami, Fl. 33181

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

12000 Biscayne Blvd.
Miami, Fl. 33181

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 of changed or original attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #

CR2E034 (9/96)