

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

CORPORATION,
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P28660** (9)

95 MAY - 1 PM 1:19

THE REAL ESTATE FUNDING CENTER, INC.

Principal Office Address: **98 CUTTER MILL ROAD, SUITE 296 N GREAT NECK NY 11021**
 Mailed Address: **98 CUTTER MILL ROAD, SUITE 296 N GREAT NECK NY 11021**

(PLEASE WRITE IN THIS SPACE)

3. Date of Incorporation (Quarter)	3a. Date of Last Report
03/28/1990	05/01/1994
4. File Number	Additional Fee
11-2875738	Not Applicable
5. Certificate of Status Request	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Funds Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. Does corporation have liability for intangible tax under S. 199.03 Florida Statute	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Principal Office Address	2a. Mailed Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORP. SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALLAHASSEE 32301

81. Name	85. State
82. Street Address (If New Number is Not Acceptable)	FL
83. City	
84. Zip	

11. I, the undersigned, being duly sworn, depose and say that the above named corporation is and has been for the purpose of changing its registered office of incorporation or change of the state of incorporation, authorized by the corporation's Board of Directors, to apply for the appointment of its officers as reported on the attached certificate of incorporation, and that my name and address are correct as shown on the attached certificate of incorporation.

SIGNATURE

12. OFFICER'S NAME AND ADDRESS	13. ADDRESS (SEE INSTRUCTIONS)
NAME: PTD DRUCKER, DAVID ADDRESS: 98 CUTTER MILL RD, #296N GREAT NECK NY	<input type="checkbox"/> Home <input type="checkbox"/> Office
NAME: VSD BIZENOV, MICHAEL ADDRESS: 98 CUTTER MILL RD, #296N GREAT NECK NY	<input type="checkbox"/> Home <input type="checkbox"/> Office
NAME:	<input type="checkbox"/> Home <input type="checkbox"/> Office
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NAME:	<input type="checkbox"/> Home <input type="checkbox"/> Office

REMITTED BY MAY 1

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bizenov 4/28/95
 516-487-0018