SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000011039 (3)**

1. Corporation Name
SOUTHERN FUNDING COMPANY

Principal Place of Business	Mailing Address
1800 S. OCEAN BLVD. VILLA E BOCA RATON FL 33432 US	1800 S. OCEAN BLVD. VILLA E BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 08/09/1994
4. FEI Number: 65-0397113 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BARGAS, THOMAS
1800 S. OCEAN BLVD.
VILLA E
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: BARGAS JILL
82 Street Address (P.O. Box Number is Not Acceptable): 1800 S. OCEAN BLVD.
83: VILLA E
84 City: BOCA RATON FL 85 Zip Code: 33432

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: Jill Bargas Jill Bargas — DATE: 7/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	BARGAS, THOMAS	12 NAME	
STREET ADDRESS	1800 S. OCEAN BLVD., VILLA E	13 STREET ADDRESS	DELETE - NO LONGER A DIRECTOR
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	FITZMAURICE, LISA	22 NAME	
STREET ADDRESS	1705 MORGAN AVENUE SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☑ Change ☐ Addition
NAME	BARGAS, JAMIE	32 NAME	
STREET ADDRESS	739 REDDING ROAD	33 STREET ADDRESS	19 old Dairy Road
CITY-ST-ZIP	REDDING CT	34 CITY-ST-ZIP	Trumbull, CT
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	BARGAS, JILL	42 NAME	
STREET ADDRESS	1800 S. OCEAN BLVD., VILLA E	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	BARGAS, PAULA	52 NAME	DELETE - NO LONGER A DIRECTOR
STREET ADDRESS	1800 S. OCEAN BLVD., VILLA E	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 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: Jill Bargas PRESIDENT — 7/18/95 — 407-395-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jill Bargas

0150214 FP