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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

(954) 748-1966

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

C-TY - ST - ZIP

SIGNATURE:

DOCUMENT # P93000011497 (3)

FLORIDA FUNDING GROUP. INC.

Mailing Address Principal Place of Business 7501 W OAKLAND PARK BLVD 7501 W OAKLAND PARK BLVD **STE 102** STE 102 LAUDERHILL FL 33319 LAUDERHILL FL 33319-4972 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 10198 NW 47th Street 10198 NW 47th Street 65-0386636 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Sunrise, Florida 28 Sunrise, Florida Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 33351 USA 33351 24 25 USA Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SHECHTER, HANK 9157 SW 130 LANE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176 83 84 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)DELETE \_\_\_ Addition THE 11 TITLE Change SHECHTER, HANK NAME 1.2 NAME 9157 SW 130 LANE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-S1-ZiP 1.4 City-ST-ZIP □ DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-S1-20 2.4 CITY-ST-ZIP DELETE 101.6 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-\$1-26P 3.4. CITY - ST - ZIP DELETE THUE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE THLE Addition 5.1 TITLE NAME 5.2 NAME STREET ACCURESS 5.3 STREET ADDRESS 011 y - \$1 - ZIP 5.4 CITY - ST - ZIP DELETE THEF 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. To 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.

Encour Harry Shechter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR