FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10: 12

DOCUMENT # P93000021253 (8)

1. Corporation Name
CENTRAL STATES FUNDING CORP.

Principal Place of Business	Mailing Address
199 W PALMETTO PARK RD #2 BOCA RATON FL 33432-3809	199 W PALMETTO PARK RD #2 BOCA RATON FL 33432-3809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business: 21 2505 NW BOCA RATON BLVD.
Suite, Apt. #, etc: 22
City & State: 23 BOCA RATON, FL
Zip: 24 33431-6607 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0404439 ☐ 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

9. Name and Address of Current Registered Agent

SMITH, JOHN W
199 W PALMETTO PARK RD #2
BOCA RATON FL 33432-3809

10. Name and Address of New Registered Agent

81 Name: JOHN W. SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 2505 NW BOCA RATON BLVD.
83
84 City: BOCA RATON FL 85 Zip Code: 33431-6607

11. Pursuant to the provisions of Section 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: John W. Smith JOHN W. SMITH 2-14-95
(Type or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOHN W	12 NAME	
STREET ADDRESS	199 W PALMETTO PARK RD #2	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432-3809	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, CHERYL L	22 NAME	
STREET ADDRESS	199 W PALMETTO PARK RD #2	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) hereby certify that the information supplied with this filing 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 added above.

SIGNATURE: John W. Smith JOHN W. SMITH PRESIDENT 2-14-95 407-391-9347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0268319 CP