## 4-28 48 B 5725 C' FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT PROFIT

CORPORATION

**ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023957 (2)

BOCA	FUNDING AND TITLE, INC.	• •		1481)881 (48 48 48 48 48 48 48 48 48 48 48 48 48 4	(AN ALBAR (AND ARIA) AND ARRAY
Principal Plac	ce of Business	Mailing Address		T INCUIDE IND IDIDA WAN ABOUT BOOK WORN AND	NA MÁGA MHAN ANN MANTANAN INN 1881
7200 W CAMINO REAL 7200 W CAMINO REAL STE 104				DO NOT WRITE IN 1	THIS SPACE
BOCA RATON FL 33431 BOCA RATON FL 33431 US US				3. Date Incorporated or Qualified	1,110 01.1101
00		•		03/29/1993	
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21 797	18 Laina Lane	26 % M. Pude	<b>*</b>	65-0407126	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	lake Or.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le . A . L	City & State		6. Election Campaign Financing	\$5.00 May Be
23 BOY/	nton Beach, FL	28 Boca Kator	1, FL	Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24 384	<u> </u>		• <i>५ऽम</i>	Personal Property Tax due June 30.	Yes No
<u> </u>	9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
PUDER, MICHAEL					
7200 VIK CAMINO REAL			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
STE 104 \ \			B3 8 97	19 Twin take Dr.	
BC	OCA <b>FI</b> ATON\FL 33433	•	83		
			84 City		FL 85 Zip Code 33496
11. Pursuant to the provisions of Soctions 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the provisions of social party by the corporation's board of directors. I berefy accept the appointment as registered					
office or registered agent of 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 a copy the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE 4/20/98					
<u> </u>	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature req		ATE
12.	PVST	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	PUDER, MICHAEL		1.2 NAME		pg onlings
STREET ADDRESS	7200 WICAMINO HEAL #104		1.3 STREET ADDRESS	eyla Twin Lake Dr.	
CITY-ST-ZIP	BOCA RATON EL		1.4 CITY-ST-ZIP	8419 Twin Lake Dr. Boca Paton, FL 33496	
TITLE	DOOR THE ON ME	DELETE	21 TITLE	OSCA FR. 1017, FD 33118	☐ Change ☐ Addition
NAME		<del></del>	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		}
CITY-ST-ZIP	}		2.4 CITY-ST-ZIP	4	
TITLE		☐ DELETE	3.1 TITLE	The state of the s	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	_		3.4. CITY-ST-ZIP		į
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	·		4.3 STREET ADDRESS		}
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I 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 roport 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.