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

PROFIT CORPORATION ANNUAL REPORT 1997



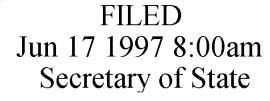
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000041836 (6)

CAPITAL FUNDING AND FINANCING, INC.



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924-485-4313

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Principal Place of Business Mailing Address							- ) 1800 MADA KAN ARABA KAKA TANIH TANIH TANIH BANIH BANAH HABAR KARAB KAKAD BANA BANA BANA				
5215 WHITE OAK LAME S215 WHITE OAK LAME TAMARAC FL 33319 TAMARAC FL 33319-3056											
							3. Date incorporated or Qualified 06/07/1993		ate of Le 01/199		eport
2. Principal P	Place of Business	2a. 26	Mailing Address				4. FEI Number 65-0417330		-	<del></del> -	plied For Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	sired \$8.75 Additional Fee Required				
City & State 23			City & State			·	6. Election Campaign Financing Trust Fund Contribution Added to Fees				
Zip Country 24 25			Zip Country 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No				
	9. Name and Address of Currer	I Regis	tered Agent			<del></del>	10. Name and Address of New Re	gistered /	lgent		
	/MAN, NORMAN			(1	91	Name					
521 TAN		ļī	32	Street Addre	ess (P.O. Box Number is Not Acceptable)						
					33						
, * 					34	City		FL	85	Zip C	ode
agent. I a	im familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS AN	n) end jillo	if applicable (NOI				oration submits this statement for the p on's board of directors. I hereby accep id when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE			
TITLE	D OFFICERS AN	DINL	DELETE	1.1 10%	 r		ADDITIONS/CHANGES TO OFFIC	LN3 AND	Char		Addition
NAME	NORMAN E. HEYMAN,		C becch	1.2 NAA					L.I Olai	ıgc	
STREET ADDRESS	5215 WHITE OAK LANE			4		ADDRESS					
CITY-ST-ZIP	TAMARAC FL 33319			1.4 CITY	(-51	I-ZIP					
TITLE			DELETE	2.1 TITL	Ę	1			☐ Chan	nge	Addition
NAME				2.2 NAM							
STREET ADDRESS						ADDRESS					
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NAME				5.2 NAM	E		•				
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			T ou ere	5.4 CITY		- ZIP					<b>C</b>
TITLE			DELETE	6.1 1111.					L Chan	ige	Addition
NAME				6.2 NAM		1000500					
STREET ADDRESS	Declaration of the second			6.3 STR	tt I A	ADDRESS					

I do 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 op rijs 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 directors 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 alloghment with an address.