

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90002 011 ***558.75

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Corporation Name East West Funding Corporation



* 5 8 6 7 8 3 - 9 0 0 0 2 - 1 1 3 *

Principal Place of Business	Mailing Address
<p>1. Name of the company, partnership, or other organization:</p> <p>2. Street address:</p> <p>3. City:</p> <p>4. State:</p> <p>5. Zip:</p>	<p>1. Name of the company, partnership, or other organization:</p> <p>2. Street address:</p> <p>3. City:</p> <p>4. State:</p> <p>5. Zip:</p>

5100 W. Copans Road
Suite 310
Margate, FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

602193

Principal Place of Business		2a. Mailing Address	
5100 W. Copans Rd		5100 W. Copans Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#310		#310	
City & State		City & State	
Margate, FL		Margate, FL	
Zip	Country	Zip	Country
33063	USA	33063	USA

4. FEI Number
65-0418436

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 owes the current year Intangible
Personal Property Tax. ☐ Yes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dennis D'Andrie
5100 W. Copans Road
Suite 310
Margate, FL 33063

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
----	------

FL

Zip Code

1. 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)

DATE _____

2.		OFFICERS AND DIRECTORS	
TITLE	PRESIDENT		<input type="checkbox"/> DELETE
NAME	Dennis D Andrie		
STREET ADDRESS	6413 NW 105th Terrace		
CITY-STATE-ZIP	Portland, FL 33076		
TITLE	VICE-PRESIDENT		<input type="checkbox"/> DELETE
NAME	Randell Rioux		
STREET ADDRESS	6020 NW 96th Drive		
CITY-STATE-ZIP	Portland, FL 33067		
TITLE	SECRETARY		<input type="checkbox"/> DELETE
NAME	Donna Oerumis		
STREET ADDRESS	6413 NW 105th Terrace		
CITY-STATE-ZIP	Portland, FL 33076		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Donna D'Andria
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (11/98)

EAST
WEST

FINANCIAL
CORPORATION

586783-90002-11
P93000043810

July 1, 1999

Division of Corporations
Annual Reports Filings
409 East Gaines Street
Tallahassee, FL 32399

RE: Federal Tax ID # 65-0418436

To Who it may concern:

Enclosed you will find our Annual Corporation renewal form. I am aware that this form should have been submitted prior to May 1st, but our accountant never filed the form on our behalf. That accountant no longer works for us because of that. Please accept our renewal form along with the late fee required. If you have any questions, or are in need of additional late fees, please call me at 954-979-9723. Thank you for your help with this matter.

Regards,

Karen C. McHenry

Karen C. McHenry
Chief Financial Officer