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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

SMALL BusiNESS Funding Group. INC.

Principal Place of Business

Mailing Address

FILED
Jun 10 1997 8:00am
Secretary of State

3. Usable Proceptorated of Custominary 2. Principal Pace of Business 3. Usable Proceptorated of Custominary 3. Usable Proceptorated of Custominary 3. Usable Process 4. FILI Number of Status Desired 5. Certificate of Status Desired 6. Electron Companying Transmission 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Electron Companying Transmission 5. Certificate of Status Desired 6. Electron Companying Transmission 5. Certificate of Status Desired 6. Electron Companying Transmission 6. Electron Compan	5317 LAKE WORTHRD 9848 MAJESTIC WA LAKE WORTH, FL. 33463 BOYNTON BCA, FL. 3345				tic Way K 38431			
Suits Apt #, etc 20 20 20 20 20 20 20 2		, , , , , , , , , , , , , , , , , , ,	Sequiren		~ <i>0010</i> /	3. Date Incorporated or Qualified 8-43-93		t
Suits Apt #, etc 20 20 20 20 20 20 20 2	2. Principal F	Place of Business	28. Mailing Address		4. FLI Number	Applied	d For	
City & State Ci	21		26		65-0443338	Not Apr	plicable	
28	22		27		5. Certificate of Status Desired			
9. Name and Address of Current Replaced Agent ### ALLEY, CLIFFORD 53 17 LAKE WORK Rd LAKE WORK H. Ft. 33463 81 City FL 65 Zp Codo 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes. Be anoveranced comparison submits this statement for the purpose of changing its registered agent. I am familier with, and accept the obligations of. Section 607 0506. Florids Statutes. Be anoveranced comparison submits this statement for the purpose of changing its registered agent. I am familier with, and accept the obligations of. Section 607 0506. Florids Statutes. Be anoveranced comparison submits this statement for the purpose of changing its registered agent. I am familier with, and accept the obligations of. Section 607 0506. Florids Statutes. Statutes agent	City & Stat	le ·				_ +0.00 (10, 20)		
### RILEFY, CLIFFORD N 53/7 LAKE Worth Rd LAKE Worth FL, 33463 83 Sireel Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Section 607 (502 and 607 (508) Florida Statutos and office or requistered agent, or both in the State of Florida Such change was authorized by the Corporation's board of directors. I hordby accept the appointment as registered agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the appointment as registered agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the obligations of, Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statutos agent, and accept the obligations of Section 607 (505), Florida Statuto	Zip 24	25	—					
### BLLEY, CLIFFORD NOT						10. Name and Address of New Reg	istered Agent	
11. Pursuant to the provisions of Sections 607,0502 and 607 1508. Horida Statutes, the above-named correctation submits this statement for the purpose of changing its registered agent. I am familier with, and eccept the obligations of, Section 67,0505, Principle Statutes. Signature lipsed or protect agent. I am familier with, and eccept the obligations of, Section 67,0505, Principle Statutes. Signature lipsed or protect agent. I am familier with, and eccept the obligations of, Section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section 67,0505, Principle Statutes. Signature lipsed or protect agent and section for a	L	Introd CliFFO	ed N	8	1 Name			
### Page Delete D	K E	ZILLEY, CUITO	Rd	8:	2 Street Addres	ss (P.O. Box Number is Not Acceptable	0)	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal Statutus in a document of the provisions of Sections 607 0502 and 607 1508. Floridal Statutus in the State of Floridal 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, Floridal Statutus. SIGNATURE Signature lipsed to printed name of registered injects and sick if appointment as registered. 12. OFFICERS AND DIRECTORS. 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12. ITIE. DY LARGE WORTH, R. 3.3 HG.3. 14 DILY ST. 2P TITLE DYT ARGE WORTH, R. 3.3 HG.3. LARKE WORTH, R. 3.3 HG.3. LARKE WORTH, R. 3.3 HG.3. 14 DILETE 21 NIME 22 NAME 23 STREET ADDRESS CITY-ST-2P TITLE DELETE 31 THE 24 THE 24 THE 25 NAME 33 STREET ADDRESS CITY-ST-2P TITLE DELETE 34 DILETE 34 DILETE 34 DILETE 34 DILETE 34 DILETE 35 THEET ADDRESS CITY-ST-2P TITLE DELETE 36 STREET ADDRESS CITY-ST-2P TITLE DELETE 36 STREET ADDRESS CITY-ST-2P TITLE DELETE 36 DILETE 37 LARKE WORTH, R. 3.3 HG.3 38 STREET ADDRESS CITY-ST-2P TITLE DELETE 36 DILETE 37 LARKE WORTH, R. 3.3 HG.3 38 STREET ADDRESS CITY-ST-2P TITLE DELETE 36 STREET ADDRESS CITY-ST-2P TITLE DELETE 37 LARKE WORTH, R. 3.3 HG.3 38 STREET ADDRESS CITY-ST-2P TITLE DELETE 38 STREET ADDRESS CITY-ST-2P TITLE DELETE 38 STREET ADDRESS CITY-ST-2P TITLE DELETE 38 STREET ADDRESS CITY-ST-2P ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition C	بر بر	AKE Worth. Fl. 3	3463	8:	3			
office or registeric agent, or both, in the State of Fiorical Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objections of . Section 607.0505, Fiorical Statutory. 12.		,		8	4 City		FL 85 Zip Code	,
12	office or r	registered agent, or both, in the State of	of Florida. Such change was	authorized b	by the corporation	ration submits this statement for the pi n's board of directors. I hereby accep	rpose of changing its reg the appointment as regis	jistered stered
TITLE	SIGNATURE	Signature typed or printed name of registered agen	and title if applicable (NO	TE Rogistered A	gent signature required	when reinstating)	DATE	
NAME	12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	12
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14. I do hereby certify that the information supplied with this filling 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 eath; 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.

6-5-97 561- 357-7735