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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90137 017 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P93000059417

1. Corporation Name
SMALL BUSINESS FUNDING GROUP, INC.



Principal Place of Business
5317 LAKE WORTH ROAD
LAKE WORTH FL 33463

Mailing Address
9848 MAJESTIC WAY
BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **5311 LAKE WORTH ROAD**

2a. Mailing Address
 26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
08/23/1993

4. FEI Number
65-0443538

Applied For
 Not Applicable

22 City & State
LAKE WORTH FL

27 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip Country
33463

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33463** 25

29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLEY, CLIFFORD N
5317 LAKE WORTH ROAD
LAKE WORTH FL 33463

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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.

(NO "E" Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **DP**
 NAME **KELLEY, CLIFFORD N**
 STREET ADDRESS **5317 LAKE WORTH ROAD**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **DST**
 NAME **KELLY, AUDREY**
 STREET ADDRESS **5317 LAKE WORTH ROAD**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP Change Addition

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

SIGNATURE: *Clifford N. Kelley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 561-357-7735
 Date Daytime Phone #

CR2E034 (11/98)