SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State

DIVISION OF CORPORATIONS 1996 DOCUMENT # P94000008974 (5) SECRETARY OF STA 1ST FEDERAL FUNDING CORP. ALLAHASSEE, H Principal Piace of Business Mailing Address 2801 NE 52ND COURT 2801 NE 52ND COURT LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 3a. Date of Last Report 3. Date incorporated or Qualified 02/04/1994 08/28/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Rusiness Not Applicable 65-0466954 \$8.75 Additional Suite, Apt. 4, etc 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032. Country ZID Yes No Florida Statutes 30 29 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 City 85 Zip Code 11. 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 (NOTE: Registered Agent alignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 11 TITLE TITLE 1.2 NAME ROBERTSON, J. EDWARD NAME 1.3 STREET ADDRESS 2801 NE 52ND CT. STREET ADDRESS BOOM RATON, LIGHTHOUSE POINT FL 33064 1.4 CITY - ST- ZIP CITY - ST- 2IP DELETE 2.1 TITLE THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-2IP Change Addition DELETE 3.1 TITLE ыш 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP 600001975496-U-AGM DELETE 4.1 TITLE 1088 4.2 NAME NAME \*\*\*\*225.00 \*\*\*\*225.00 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-7H Change Addition DELETE 61 TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I turther 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 im an officer or director of the corporation or the receiver or distance of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Flock 13 if changes for on an attack ment with a laddess. 6.4 CITY - ST-ZIP

UPE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Prione #