

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019666 (4)

1. Corporation Name

FINANCE FUNDING CORP.

200001485922

-05/12/95--01063--004

*****3800.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 3000 TAFT STREET HOLLYWOOD FL 33021	Mailing Address 3000 TAFT STREET HOLLYWOOD FL 33021
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3. Date Incorporated or Qualified 03/10/1994	3a. Date of Last Report
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2. Principal Place of Business 21 825 S. Bayshore Dr. Suite, Apt. #, etc 22 Suite 1650 City & State 23 Miami FL ZIP 24 33131	2a. Mailing Address 26 825 S. Bayshore Dr. Suite, Apt. #, etc 27 Suite 1650 City & State 28 Miami FL ZIP 29 33131	4. FEI Number 65-0492974	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MENDELSON, VICTOR H ESQ. 3000 TAFT STREET HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent	
B1 Name			
B2 Street Address (P O Box Number is Not Acceptable)			
B3			
B4 City		FL	B5 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 _____
(Registered Agent's printed name of registered agent and title, if applicable) (Signature of Registered Agent required when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME IRWIN, THOMAS S	1. TITLE DTV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3000 TAFT STREET		12. NAME	
CITY, ST, ZIP HOLLYWOOD FL 33021		13. STREET ADDRESS	
		14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	21. TITLE	
STREET ADDRESS		22. NAME	
CITY, ST, ZIP		23. STREET ADDRESS	
		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	31. TITLE	
STREET ADDRESS		32. NAME	
CITY, ST, ZIP		33. STREET ADDRESS	
		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41. TITLE	
STREET ADDRESS		42. NAME	
CITY, ST, ZIP		43. STREET ADDRESS	
		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51. TITLE	
STREET ADDRESS		52. NAME	
CITY, ST, ZIP		53. STREET ADDRESS	
		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61. TITLE	
STREET ADDRESS		62. NAME	
CITY, ST, ZIP		63. STREET ADDRESS	
		64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(2)(b), Florida Statutes. I further certify that the information submitted 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Victor H. Mendelson* **VICTOR H. MENDELSON** **3/30/95** (305) 374-1745
(Signature and typed or printed name of signing officer or director) (Date) (Phone Area #)