

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000019666 (4)**

1. Corporation Name
FINANCE FUNDING CORP.



300001840283
-05/28/96--01022--038
***4800.00

Principal Place of Business: **825 S. BAYSHORE DR SUITE 1650 MIAMI FL 33021**
Mailing Address: **825 S. BAYSHORE DR SUITE 1650 MIAMI FL 33021**

3. Date Incorporated or Qualified: **03/10/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0492974**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

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 (81-85)

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 Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DVT	<input type="checkbox"/>
NAME	IRWIN, THOMAS S	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DVT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DU	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Mendelson, Victor		
2.3 STREET ADDRESS	825 S Bayshore Dr. #1650		
2.4 CITY-ST-ZIP	Miami, FL 33131		
3.1 TITLE	DC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Mendelson, Laurans		
3.3 STREET ADDRESS	825 S. Bayshore Dr. #1650		
3.4 CITY-ST-ZIP	Miami, FL 33131		
4.1 TITLE	DP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Paul, Joseph A.		
4.3 STREET ADDRESS	825 S. Bayshore Dr. #1650		
4.4 CITY-ST-ZIP	Miami, FL 33131		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Mendelson, Eric		
5.3 STREET ADDRESS	3000 Taft Street		
5.4 CITY-ST-ZIP	Hollywood, FL 33021		
6.1 TITLE	S.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Uetter, Judith		
6.3 STREET ADDRESS	825 S. Bayshore Dr. #1650		
6.4 CITY-ST-ZIP	Miami, FL 33131		

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 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.

SIGNATURE: [Signature] **VICTOR H MENDELSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/96**
Filing Price: **(305) 374-1745**

CR2E034 (12/95)

4/26/96

1996 Corporate Filing
Due May 1, 1996

P94000019666

2-2

Corporation Name	Document #	Fee
Finance Funding Corp.	P94000019666 (4)	200.00
First Choice Networks, Inc.	P95000063549 (6)	200.00
Kaley Imaging, Inc.	P95000017921 (4)	200.00
Medical Imaging Equipment Leasing, Inc.	P94000087276 (9)	200.00
MediTek Anesthesia, Inc.	P94000047226 (3)	200.00
MediTek Capital, Inc.	P94000041328 (3)	200.00
MediTek Gwinnett, Inc.	P94000047228 (9)	200.00
MediTek Health Care Management, Inc.	S34023 (9)	200.00
MediTek Health Corporation	S78820 (5)	200.00
MediTek Industries, Inc.	S78823 (9)	200.00
MediTek Palm Beach Gardens, Inc.	V01143 (9)	200.00
MediTek Premier North, Inc.	P94000047220 (6)	200.00
MediTek Therapy, Inc.	P93000052052 (6)	200.00
MediTek-Chatham Industries, Inc.	V36827 (6)	200.00
MediTek-Greystone, Inc.	P95000055002 (6)	200.00
MediTek-HE, Inc.	P93000052993 (1)	200.00
MediTek-ICOT, Inc.	P92000011874 (4)	200.00
MediTek-Newark, Inc.	P95000041288 (8)	200.00
MediTek-Palms, Inc.	P93000072060 (5)	200.00
MediTek-PBGMRI, Inc.	P95000054997 (8)	200.00
MediTek-Premier, Inc.,	P93000043521 (2)	200.00
MediTek-Sun Coast, Inc.	V53159 (2)	200.00
MediTek-Wellington, Inc.	S76664 (9)	200.00
MediTek-Winter Park, Inc.	L53727 (8)	200.00

		4,800.00