

5-15-97 B C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham Secretary of State
 DIVISION OF CORPORATIONS



FILED
 97 JUN 23 PM 4:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000019666 (4)
 1. Corporation Name
FINANCE FUNDING CORP.



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

Mailing Address
**825 S.BAYSHORE DR
 SUITE 1650
 MIAMI FL 33131-2920**

3. Date Incorporated or Qualified **03/10/1994**
 3a. Date of Last Report **05/01/1996**
 4. FEI Number **65-0492974**
 Applied For Yes No
 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. City & State
 22. City & State
 23. City & State
 24. Zip
 25. Country

2a. Mailing Address
 26. City & State
 27. City & State
 28. City & State
 29. Zip
 30. Country

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
Corporation Service Company
 B2. Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 B3. City
Tallahassee, FL
 B4. Zip Code
32301

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 *Sandra B. Mortham* DATE **June 23, 1997**

12. OFFICERS AND DIRECTORS

TITLE	DTV	<input checked="" type="checkbox"/> DELETE
NAME	IRWIN, THOMAS S	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MENDELSON, VICTOR	
STREET ADDRESS	825 S.BAYSHORE DR #1650	
CITY-ST-ZIP	MIAMI FL 33021	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MENDELSON, LAURAN S	
STREET ADDRESS	825 S.BAYSHORE DR #1650	
CITY-ST-ZIP	MIAMI FL 33021	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOSEPH, PAUL A	
STREET ADDRESS	825 S.BAYSHORE DR #1650	
CITY-ST-ZIP	MIAMI FL 33021	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MENDELSON, ERIC	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VETTER, JUDITH	
STREET ADDRESS	825 S.BAYSHORE DR #1650	
CITY-ST-ZIP	MIAMI FL 33021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400002221264---7
1.4 CITY-ST-ZIP	-06/24/97--01041--018 ****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	C
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP/AS/CFO
5.3 STREET ADDRESS	SHAW, PAUL ANDREW
5.4 CITY-ST-ZIP	777 S. FLAGLER DRIVE W. PALM BCH, FL 33401
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Sandra B. Mortham*

CR2E034 (9/96)

JBu-23-97