

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000019666 (4)**

1. Corporation Name  
**FINANCE FUNDING CORP. #119**

Principal Place of Business 825 S. BAYSHORE DR SUITE 1650 MIAMI FL 33021	Mailing Address 777 S. FLAGLER DR. SUITE 1201E W. PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/10/1984</b>	4. FEI Number <b>65-0492974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21 250 S. AUSTRALIAN AVE</b> Suite, Apt. #, etc. <b>22 9TH FLOOR</b> City & State <b>23 WEST PALM BEACH, FL</b> Zip <b>24 33401</b>	2a. Mailing Address <b>25 250 S. AUSTRALIAN AVE</b> Suite, Apt. #, etc. <b>27 9TH FLOOR</b> City & State <b>28 WEST PALM BEACH, FL</b> Zip <b>29 33401</b>
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9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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

TITLE <b>CFO</b>	NAME <b>SHAW, PAUL ANDREW</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>777 S. FLAGLER DR.</b>	CITY-ST-ZIP <b>W. PALM BEACH FL 33401</b>	
TITLE <b>C</b>	NAME <b>MENDELSON, LAURAN S</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>825 S. BAYSHORE DR #1650</b>	CITY-ST-ZIP <b>MIAMI FL 33021</b>	
TITLE <b>P</b>	NAME <b>JOSEPH, PAUL A</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>825 S. BAYSHORE DR #1650</b>	CITY-ST-ZIP <b>MIAMI FL 33021</b>	
TITLE <b>VP</b>	NAME <b>SHAW, PAUL ANDREW</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>777 S FLAGLER DR.</b>	CITY-ST-ZIP <b>W. PALM BEACH FL 33401</b>	
TITLE <b>AS</b>	NAME <b>SHAW, PAUL ANDREW</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>777 S FLAGLER DR.</b>	CITY-ST-ZIP <b>W. PALM BEACH FL 33401</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>CO-CHAIR/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>LE RICHEY</b>	
1.3 STREET ADDRESS <b>250 S. AUSTRALIAN AVE, 9TH FLOOR</b>	
1.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	
2.1 TITLE <b>CO-CHAIR/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>KEITH HARTLEY</b>	
2.3 STREET ADDRESS <b>250 S. AUSTRALIAN AVE, 9TH FLOOR</b>	
2.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	
3.1 TITLE <b>PRES/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>JOSEPH A. PAUL</b>	
3.3 STREET ADDRESS <b>250 S. AUSTRALIAN AVE, 9TH FLOOR</b>	
3.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>SECT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>FRANCIS HARRINS, JR.</b>	
5.3 STREET ADDRESS <b>250 S. AUSTRALIAN AVE, 9TH FLOOR</b>	
5.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	
6.1 TITLE <b>VPRES/CO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>WAYNE MOOR</b>	
6.3 STREET ADDRESS <b>250 S. AUSTRALIAN AVE, 9TH FLOOR</b>	
6.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	

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.

SIGNATURE: Wayne Moor **WAYNE MOOR** 4/10/98 561-832-786

CR2E034 (10/97)