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May 07 1998 8:00am
Secretary of State

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

1. Corporation Name

FINANCE FUNDING CORP. 4119

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 250 S. AUSTRALIAN AVE	25 250 S. AUSTRALIAN AVE	65-0492974	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 9TH FLOOR	27 9TH FLOOR	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	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
23 WEST PALM BEACH, FL	28 WEST PALM BEACH, FL		
Zip	Zip		
24 33401	29 33401		
Country	Country		
25	30		

g. 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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO	1.1 TITLE	CO-CHAIR/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, PAUL ANDREW	1.2 NAME	LE RICHEY
STREET ADDRESS	777 S. FLAGLER DR.	1.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR
CITY-ST-ZIP	W. PALM BEACH FL 33401	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	C	2.1 TITLE	CO-CHAIR/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDELSON, LAURAN S	2.2 NAME	KEITH HARTLEY
STREET ADDRESS	825 S.BAYSHORE DR #1650	2.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR
CITY-ST-ZIP	MIAMI FL 33021	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	P	3.1 TITLE	PRES/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, PAUL A	3.2 NAME	JOSEPH A. PAUL
STREET ADDRESS	825 S.BAYSHORE DR #1650	3.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR
CITY-ST-ZIP	MIAMI FL 33021	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VP	4.1 TITLE	
NAME	SHAW, PAUL ANDREW	4.2 NAME	
STREET ADDRESS	777 S FLAGLER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	SECT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, PAUL ANDREW	5.2 NAME	FRANCIS HARRIS, JR.
STREET ADDRESS	777 S FLAGLER DR.	5.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR
CITY-ST-ZIP	W. PALM BEACH FL 33401	5.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE		6.1 TITLE	VPRES/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	WAYNE MOOR
STREET ADDRESS		6.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE MOOR

4/10/98

561-832-786

CR2E034 (10/97)