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PROFIT · CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P9400030566 (1)

FEDERAL FUNDING CORPORATION

Principal Place of Business Mailing Address 1815 GRIFFEN RD. 1815 GRIFFEN RD. DANIA FL 33004 SUITE 402 DANIA FL 33004-2252 3. Date Incorporated or Qualified 3a. Date of Last Report 04/21/1994 02/14/1996 2. Principal Place of Business
3001 Griffin Mailing Address 4. FEI Number Applied For Poad Road 65-0483445 Not Applicable Suite, Apr. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Suite 210 Fee Required 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, ŒΨ Yes 29 Florida Statutes ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent INTERNATIONAL DESIGN GROUP INC 81 Name 1815 GRIFFIN RD Street Address (P.O. BarNumber is Not Acceptable) 62 DANIA FL 33004 **B3** DID 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, to the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and account the duligations of Section 607.0505, Florida Statutes.

SIGNATURE residos SIGNATURE. of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PDTS DELETE Change Addition TITLE 1.1 TITLE RAYMOND, DAVID NAME 12 NAME C/O 1815 GRIFFEN RD. STREET ADDRESS 1.3 STREET ADDRESS DANIA FL CHTY-ST-7P 14 CITY-SY-ZIP DELETE Addition THUE 21 TITLE GARDNER, ROBERT NAME 22 NAME C/O 1815 GRIFFEN RD. STREET ADDRESS 23 STREET ADDRESS DANIA FL CHTY - ST - ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change TITLE 31 TITLE ___ Addition 32 NAME NAME STREET ADDRESS **33 STREET ADDRESS** 3 4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TUTLE 4 1 TITLE NAME 4 2 NAME STHEET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$1-7/P DELETE Change Addition TITLE 51 THLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-7-P 5.4 CITY - SY - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanned, or on an attachment with an additional control of the corporation or the receiver or trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name