

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 SEP -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043736 (5)

1. Corporation Name

AMERICAN STREAMLINE FUNDING CORPORATION



Principal Place of Business

Mailing Address

2855 UNIVERSITY DR
STE 230
CORAL SPRINGS FL 33065
US

2855 UNIVERSITY DR
STE 230
CORAL SPRINGS FL 33065
US

3. Date Incorporated or Qual. Prod

06/08/1994

3a. Date of Last Report

07/28/1995

4. FEI Number

65-0495111

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

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAINES, HOWARD S
2855 UNIVERSITY DR
SUITE 207
CORAL SPRINGS FL 33065

81. Name

STEIN, GARY

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

14930 FALCONS LEA DRIVE

83.

84. City

DAVIE

FL

85. Zip Code

33331

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] Pres.

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

(NOTE: Registered Agent signature required when re-registering)

8/5/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME

D STEIN, GARY

1.2 NAME

STREET ADDRESS

2010 S. OCEAN BLVD., LPH-16

1.3 STREET ADDRESS

14930 FALCONS LEA DR

CITY - ST - ZIP

POMPANO BEACH FL 33062

1.4 CITY - ST - ZIP

DAVIE FL. 33331

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

D GAINES, HOWARD S

2.2 NAME

STREET ADDRESS

2855 UNIVERSITY DR

2.3 STREET ADDRESS

CITY - ST - ZIP

CORAL SPRINGS FL

2.4 CITY - ST - ZIP

40000018475004

-08/18/96 -01044-013

***233.75 ***233.75

TITLE ☐ DELETE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

954-00 and

CR2E034 (3/96)