

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 FEB 28 PM 3:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000047117 (4)

1. Corporation Name

HOME EQUITY FUNDING CORPORATION

Principal Place of Business

**% LESLIE MITTON-LEFKOWITZ
1910 WEST SLIGH AVE., #C-103
TAMPA FL 33604**

Mailing Address

**BARBARA M. LEFKOWITZ-HOME EQUITY FUNDING
4 MANATEE STREET
NORTH POTOMAC MD 20878**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3255865

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

21 SAME

2a. Mailing Address

26 4 Manette Street

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 SAME

27 N/A

City & State

City & State

23 SAME

28 SAME

Zip

Country

Zip

Country

24 SAME

25 SAME

29 SAME

30 USA

9. Name and Address of Current Registered Agent

**MITTON-LEFKOWITZ, LESLIE
1910 WEST SLIGH AVE., #C-103
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81 Name

SAME

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

83

SAME

84 City

SAME

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**D
LEFKOWITZ, BARBARA M
4 MANATEE STREET
NORTH POTOMAC MD 20878**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

4 Manette Street

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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

SIGNATURE: BARBARA M. LEFKOWITZ

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/23/95 301-577-2274