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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P94000063576 (0)

CAPITAL FUNDING OF SOUTH FLORIDA, INC.

Principal Place of Business 810 SATURN ST., STE. 23 PARKWAY PLAZA

Mailing Address

810 SATURN ST., STE. 23 PARKWAY PLAZA

## **FILED** Jan 27 1998 8:00am Secretary of State



JUPHER FL 3	JUPITER PL 334// JUPITER PL 334//		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified
		•		08/29/1994
— <u> </u>	ace of Business	2a. Mailing Address		4. FEI Number Applied For
	S.W. Martin Downs	26 3162 S.W. Ma	rtin Downs V	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 Yalm (	14, FL 34990	28 Palm City FC	34990	Trust Fund Contribution Added to Fees
Zip	Country	Zip ~	Country	8. This corporation owes or has paid the current year Intangible
24 349°	70 25 USA	29 34990 30	USA	Personal Property Tax due June 30. 🗹 Yes 🔲 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
POLLIS, GEORGE 81 Name				
CAPITAL FUNDING OF SOUTH FLORIDA, INC.  82 Street Address (P. DBox Number is Not Acceptable				Address (P.10) Box Number is Not Acceptable)
810 SATURN ST., STE. 23, PARKWAY PLAZA				
JUPITER FL 33477				7 C 1 M 1' T X D 1 1
84 Sity Calon				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submitted this statement for the purpose of changing its registered				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submitted 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 I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	President Change Maddition
NAME	POLLIS, TRACI ANN		1.2 NAME	Michael Pollis
STREET ADDRESS	PARKWAY PLAZA, 810 SATURN	√ ST., STE 23	1.3 STREET ADDRESS	3162 Sw Martin Dawns Blue
CITY-ST-ZIP	JUPITER FL 33477	·	1.4 CITY-ST-ZIP	Palm City FL 34990
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
			2. 4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	The state of the s	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		<u> </u>	3.2 NAME	
· ·			3.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME		2 200.10	4. 2 NAME	
			4,3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
TITLE		beter	l ·	C Stange
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		Dougle	5.4 City-ST-ZiP	Change Addition
TITLE		☐ DELETE	6.1 TITLE	L. Charge E. Adultion
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	ortify that the information cumplied with	this filler does not available for the	6.4 CITY - ST - ZIP	t in Section 119 07(3)(i) Florida Statutes I further certify that the information
TA LOOPON O				

Indicated on this annual report or supplied with this name does not goanly for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental 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: