

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90138 043 ***150.00

DOCUMENT # P94000065419

1. Corporation Name

RECEIVABLE FUNDING, INC.



Principal Place of Business

P.O. BOX 23412
TAMPA FL 33622

Mailing Address

P.O. BOX 23412
TAMPA FL 33622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1994

4. FEI Number

59-3267209

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 7109 PELICAN ISLAND DR

2a. Mailing Address

26 P.O. BOX 23412

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33634

Country

25 USA

Zip

29 33623-3412

Country

30 USA

9. Name and Address of Current Registered Agent

GONZALEZ, JOSE C
4144 N. ARMENIA AVENUE
SUITE 265
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

RICHARD FURLONG

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

7109 PELICAN ISLAND DRIVE

83

84 City

TAMPA

FL

85 Zip Code

33634

11. Pursuant to the provisions of Sections 607.1502 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 607.0586, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/15/99

12. OFFICERS AND DIRECTORS

TITLE P

NAME BYRD, J. WILLIAM

STREET ADDRESS 1478 BRIAR OAKS TRAIL

CITY-ST-ZIP ATLANTA GA

TITLE VPS

NAME BYRD, ANDREA

STREET ADDRESS 1478 BRIAR OAKS TRAIL

CITY-ST-ZIP ATLANTA GA

TITLE S

NAME FURLONG, RICHARD

STREET ADDRESS 7109 PELICAN ISLAND DR

CITY-ST-ZIP TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

J. WILLIAM BYRD

1478 BRIAR OAKS TRAIL

ATLANTA, GA 30329

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

RICHARD FURLONG

7109 PELICAN ISLAND DRIVE

TAMPA, FL 33623

3.1 TITLE VP-S

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

RICHARD FURLONG

7109 PELICAN ISLAND DRIVE

TAMPA, FL 33623

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 013/287-9996

Date

Daytime Phone #

CR2E034 (11/98)