

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000087085 (4)

1. Corporation Name

FACTORS FUNDING COMPANY

Principal Place of Business

3111 N UNIVERSITY DR. 725-8
CORAL SPRINGS FL 33065

Mailing Address

3111 N UNIVERSITY DR. 725-8
CORAL SPRINGS FL 33065-5086

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

09/09/1996

4. FEI Number

04-3219496

Applied For

Not Applicable

2. Principal Place of Business

21 Factors Funding Co.

2a. Mailing Address

26 Factors Funding Co.

Suite, Apt. #, etc.

22 C/O 3111 N. University Dr.

Suite, Apt. #, etc.

27 C/O 3111 N. University Dr.

City & State Suite 718

City & State Suite 718

23 Coral Springs, FL

28 Coral Springs, FL

Zip 33065

Country USA

Zip 33065

Country USA

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

9. Name and Address of Current Registered Agent

BENNER, ELIOT

3111 N UNIVERSITY DR, 725-8 New Suite # is
CORAL SPRINGS FL 33065 #718

10. Name and Address of New Registered Agent

81 Name

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

Suite # 718

83

84 City

FL

85 Zip Code

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 (Typed or Printed Name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS BERNSON, JANE
CITY - ST - ZIP 311 N. UNIVERSITY DR. #72508 New Suite #
CORAL SPRINGS FL 33065 is #718

TITLE ☐ DELETE

NAME T
STREET ADDRESS KAPLAN, IRVING
CITY - ST - ZIP 10 FORSYTH ST.
CHELSEA MA 02150

TITLE ☐ DELETE

NAME S
STREET ADDRESS LAVITA, KATHY
CITY - ST - ZIP 19 TEMPLE ST.
REVERE MA 02151

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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: Jane Bernson

Jane Bernson 01/07/97 617-322-8677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)