

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000090344 (0)

1. Corporation Name
INLAND RESTORATION FUNDING, INC.



Principal Place of Business
146 2ND STREET NORTH, SUITE 310
ST. PETERSBURG FL 33701

Mailing Address
146 2ND STREET NORTH, SUITE 310
ST. PETERSBURG FL 33701-3362

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
12/14/1994

3a. Date of Last Report
12-12-97

4. FEI Number
59-3282836

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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
Mitchell I. Horowitz
82 Street Address (P.O. Box Number is Not Acceptable)
501 E. Kennedy Blvd., Suite 1900
83
84 City Tampa FL 85 Zip Code 33602

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 *Mitchell I. Horowitz*

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

4/27/98
DATE

12. OFFICERS AND DIRECTORS

TITLE VC
NAME WEBB, WILLIAM
STREET ADDRESS 1358 WAINWRIGHT WAY
CITY-ST-ZIP FORT MYERS FL 33919

TITLE PT
NAME CLEMMENS, F. STUART
STREET ADDRESS 1924 MICHIGAN AVE N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703

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 Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME CLEMMONS, F. STUART
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 900002543529
5.4 CITY-ST-ZIP -06/02/98--01019--031

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS ***173.75
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.

CRSE034 (9/96)

10/5/98