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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** 

P9500001951

All Capital Funding Group, Inc.

NC 4/7/99

Principal Place of Business

Mailing Address

15150 NW 79th Ct., Ste 195 Same Miami Lakes, FL 33016

## **FILED** May 13, 1999 8:00 am Secretary of State

05-13-1999 90016 015 \*\*\*150.00

DO NOT WRITE IN THIS SPACE	Œ
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3. Date Incorporated or Qualifed

A D :						01/06/95			
2. Principal F	Place of Business	2a. Mailing Addres	is			4. FEI Number		<del></del>	plied For
21	<del></del>	26				65-0559384			t Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, e	tc.			5. Certifcate of Status Desired		\$8.75 A	
City & Stat	te	City & State	<del></del>			6. Ejection Campaign Financing		\$5.00	May Bo
23		28				Trust Fund Contribution	'	Added t	•
Zip	Country	Zip	Co	untry		8. This corporation owes the cu	rrent year Int	angible	
24	25	29	30			Personal Property Tax.	,	Yes	□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New	Registered.	Agent	
	11 1 1 1 1 1 0 0 0	4 TD A		81	Name				
Kenr	neth W. McCox	/ , P, M ·	_	82	Street Ad	Idress (P.O. Box Number is Not Accep	table)		
1515	0 N.W. 79th	Ct, Suite 19	15		011001110	autous (i .o. box i turibor to i tot i tobo)			
4 1 6	o N.W. 79th mi Lakes ,FL	33016		83			_		_
Mid	THI CAC 3 , FC	305.0		84	City			85 Zip (	Code
				34	City		FL	183 Zip C	2006
11. Pursuant	to the provisions of Sections 607.0	1502 and 607.1508, Florida	Statutes, the	above	-named co	orporation submits this statement for th	e purpose of	changing its	registered
office or r	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change igations of Section 607.05	: was authorize 05. Etorida Sta	d by t	he corpora	ation's board of directors. I hereby acc	ept the appoi	ntment as re	gisterea
ŭ	and accept the con	igations of, occilion cor.so	50, 1 10 Jua 610	(uico,					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registere	d Agent	signature requ	uired when reinstating)	DATÉ		<u> </u>
12.	OFFICERS	AND DIRECTORS	13			ADDITIONS/CHANGES TO O	FFICERS AN		
	<b>—</b> —				1			Change	☐ Addition
TITLE	IPI.S.D	_ \ DEU	EIE 1.17	ITLE	i i			~ · · · · · ·	_
TITLE NAME	Venneth W. M.	CCOV.P.A.	121	IITLE NAME				<u></u>	_
NAME	Kenneth W. M.	CCOV.P.A.	121	NAME	ADDRESS			<u></u>	
NAME STREET ADDRESS	Kenneth W. M. 15150 N.W. T Miami Lakes,	CCOV.P.A.	121	NAME					
NAME STREET ADDRESS CITY-ST-ZIP	Kenneth W. M. 15150 N.W. T Miami Lakes,	CCOV.P.A.	195 133 146	NAME STREET				☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Kenneth W. M. 15150 N.W. T Miami Lakes,	cCoy, P.A. 7th Ct., Suite FL 33016	195 138 140 ETE 217	NAME STREET CITY-ST					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Miami Lakes,	cCoy, P.A. 7th Ct., Suite FL 33016	121 133 140 ETE 21 221	NAME STREET SITY-ST- TITLE NAME					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Miami Lakes,	cCoy, P.A. 7th Ct., Suite FL 33016	195 133 140 ETE 21 221 238	NAME STREET SITY-ST- TITLE NAME	-ZIP ADDRESS				☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami Lakes,	cCoy, P.A. 7th Ct., Suite FL 33016	121 133 140 ETE 21 221 238 24	NAME OTREET CITY-ST TITLE NAME STREET	-ZIP ADDRESS				☐ Addition
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am are 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 en address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR