

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006451 (5)

1. Corporation Name

CFI GENERAL FUNDING IV, INC.



Principal Place of Business

Mailing Address

C/O 100 W. CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE FL 33309

C/O 100 W. CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE FL 33309

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/25/1995

3a. Date of Last Report

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

MARDER, MICHAEL
100 W. CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE FL 33309

1. Name

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

4. 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 SIEGEL, DAVID A
STREET ADDRESS 5801 WINDHOVER DRIVE
CITY - ST - ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME SIEGEL, BETTIE I
STREET ADDRESS 5801 WINDHOVER DRIVE
CITY - ST - ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME LEVENTHAL, RONALD H
STREET ADDRESS 5801 WINDHOVER DRIVE
CITY - ST - ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME MILLER, WILLIAM E II
STREET ADDRESS ROUTE 1, BOX 1190
CITY - ST - ZIP BERRYVILLE VA 22611

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #