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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000026935 (3)

LAW FINANCIAL FUNDING GROUP, INC.

## **FILED** Apr 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										); <b>88</b> 111 <b>88</b> 111 <b>88</b> 118	17279 01179 10103	11101 0111 1021	
2722 NW 120TH WAY EXEC SUITE CORAL SPRINGS FL 33065			EX	2722 NW 120TH WAY EXEC SUITE CORAL SPRINGS FL 33065					DO NOT WRITE IN THIS SPACE				
US				US					3. Date Incorporated or Qualified 04/05/1995				
Dringing   D	Place of Business		2a, M	ailing Address					4. FEI Number	<del></del>	TA	plied For	
21 PHIICIPAL P	lace of bosiness		26	anning / lab/coo					65-0569750			t Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						ed $\square$	<del></del>	Additional		
22	·	27	27					5. Certificate of Status Desire	<b>∌</b> 0 ⊔	Fee Re	equired		
City & Stat	le	Ci	City & State					6. Election Campaign Finance		\$5.00			
23			28						Trust Fund Contribution			to Fees	
Zip	· —					Country			8. This corporation owes or I				
24	25 25 Name and Address of Currer			29 30			Personal Property Tax due June 30.  10. Name and Address of New Register						
	<del></del>	Addiess of Care	in neglaten	Bu Agoin		B1	Name		10. 1101110 0110 1110				
	AMERILAWYER	is.				82		3211	(D.O. O. M. I Market				
	343 ALMERIA A CORAL GABLE:					Street	at Address (P.O. Box Number is Not Acceptable)						
•	DONAL GADLE												
						84	City	****		FL	<b>85</b> Zip	Code	
	<del></del> _		00 1007	4500 F(		<u></u>			ition submits this statement fo			te registered	
l office or i	registered agent.	or both, in the State and accept the oblig	e of Florida -	Such change was	s authorize	a by	tne co	orporation'	's board of directors. I hereby	accept the ap	pointment as	registered	
SIGNATURE	Signature typed or or	ented name of registered ac	ient and title if as	policable (N	OTE Registere	d Age	nt signatu	ure required w	vhen reinslating)	DATE			
12.	o grante, typico an pr	OFFICERS AF	<del></del>		13.	•			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	P			DELETE	1.1 T	ITLE					Change	☐ Addition	
NAME		LIAM L JR			1.2 N	AME							
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CITY-ST-ZIP	CORAL S	PRINGS FL				ITY - S	T-ZIP					[ ] 135000	
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informs true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears officer or director of the concurator Block 12 or Block 13 if change of