

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000034884 (3)

1. Corporation Name

CUSTOM FUNDING AND INVESTMENTS INC.



Principal Place of Business

Mailing Address

6220 S. ORANGE BLOSSOM TRAIL, #194
ORLANDO FL 32809

6220 S. ORANGE BLOSSOM TRAIL, #194
ORLANDO FL 32809

3. Date Incorporated or Qualified
04/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2973 W SR 434

26

4. FEI Number

59-3315509

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #300

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Longwood, FL

28 Same

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32779

25 Seminole

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARCO, CARROLL S SR
6220 S. ORANGE BLOSSOM TRAIL, #194
ORLANDO FL 32809

81 Name

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

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

13. PRES. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BARCO, CARROLL S SR
STREET ADDRESS 6220 S. ORANGE BLOSSOM TRAIL, #194
CITY-ST-ZIP ORLANDO FL 32809 ☒ DELETE

1.1 TITLE P
1.2 NAME PATRICIA AWARDEN ☐ Change ☒ Addition
1.3 STREET ADDRESS 2973 W SR 434 #300
1.4 CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE S
2.2 NAME SECRETARY
2.3 STREET ADDRESS LAURA EVANS
2.4 CITY-ST-ZIP 2973 W SR 434 #300
LONGWOOD, FL 32779 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PATRICIA AWARDEN

PATRICIA AWARDEN

4-16-94

407 869 8288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)