

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

**FILED**  
**Mar 18, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **P95000039925 (9)**

1. Corporation Name  
**NAL FUNDING, INC.**



Principal Place of Business  
**500 CYPRESS CREEK RD W  
SUITE 590  
FT LAUDERDALE FL 33309**

Mailing Address  
**500 CYPRESS CREEK RD W  
SUITE 590  
FT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified  
**05/19/1995**

3a. Date of Last Report

21	2. Principal Place of Business Suite, Apt. #, etc.	26	2a. Mailing Address Suite, Apt. #, etc.	4.	FEI Number	<input checked="" type="checkbox"/>	Applied For
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EMO CORPORATE SERVICES, INC.  
100 NE 3 AVE  
SUITE 1100  
FT LAUDERDALE FL 33301**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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, type or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman & Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert R. Bartolini	1.2 NAME	
STREET ADDRESS	500 Cypress Creek Rd., Ste 590	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	1.4 CITY-ST-ZIP	
TITLE	President & Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John T. Schaeffer	2.2 NAME	
STREET ADDRESS	500 Cypress Creek Rd., Ste 590	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	2.4 CITY-ST-ZIP	
TITLE	Vice Pres & Asst.Secy. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Carlson	3.2 NAME	
STREET ADDRESS	500 Cypress Creek Rd., Ste 590	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	3.4 CITY-ST-ZIP	
TITLE	Vice Pres & Treas. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis R. LaVigne	4.2 NAME	
STREET ADDRESS	500 Cypress Creek Rd., Ste 590	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	4.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JoAnn Woodside	5.2 NAME	
STREET ADDRESS	500 Cypress Creek Rd., Ste 590	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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\*\*\*200.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

954-938-8200

Daytime Phone #

CR2E034 (12/95)