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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 8367**

22 City & State

27 **Ft. Lauderdale, FL**

23 Zip

25 Country

28 **Ft. Lauderdale, FL**

24

25

29 **33310-8367**

30

Broward

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

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

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 **Chairman & Director** ☐ DELETE
NAME **Robert R. Bartolini**
STREET ADDRESS **500 Cypress Creek Rd., Ste 590**
CITY-STATE-ZIP **Ft. Lauderdale, FL 33309**

TITLE **President & Director** ☐ DELETE
NAME **John T. Schaeffer**
STREET ADDRESS **500 Cypress Creek Rd., Ste 590**
CITY-STATE-ZIP **Ft. Lauderdale, FL 33309**

TITLE **Vice Pres & Asst. Secy.** ☐ DELETE
NAME **Robert J. Carlson**
STREET ADDRESS **500 Cypress Creek Rd., Ste 590**
CITY-STATE-ZIP **Ft. Lauderdale, FL 33309**

TITLE **Vice Pres & Treas.** ☐ DELETE
NAME **Dennis R. LaVigne**
STREET ADDRESS **500 Cypress Creek Rd., Ste 590**
CITY-STATE-ZIP **Ft. Lauderdale, FL 33309**

TITLE **Secretary** ☐ DELETE
NAME **JoAnn Woodside**
STREET ADDRESS **500 Cypress Creek Rd., Ste 590**
CITY-STATE-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

100001746871

03/18/96 01050-027

*****200.00**

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)