

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000043019 (5)

1. Corporation Name

R & L FUNDING, INC.



Principal Place of Business

431 WEST OAK STREET  
KISSIMMEE FL 34741

Mailing Address

431 WEST OAK STREET  
KISSIMMEE FL 34741

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

LETSON, WILLIAM  
431 WEST OAK STREET  
KISSIMMEE FL 34741

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 changing)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | RALSTON, STEPHEN M    |                                 |
| STREET ADDRESS | 905 WEST OAK STREET   |                                 |
| CITY- ST- ZIP  | KISSIMMEE FL 34741    |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | LETSON, WILLIAM       |                                 |
| STREET ADDRESS | 431 WEST OAK STREET   |                                 |
| CITY- ST- ZIP  | KISSIMMEE FL 34741    |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | STEELE, WILLIAM       |                                 |
| STREET ADDRESS | 931 WEST OAK STREET   |                                 |
| CITY- ST- ZIP  | KISSIMMEE FL 34741    |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | HENNINGSEN, HARALD J  |                                 |
| STREET ADDRESS | 604 OAK COMMONS BLVD. |                                 |
| CITY- ST- ZIP  | KISSIMMEE FL 34741    |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1. TITLE           | D/S                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            | RALSTON, STEPHEN M.   |                                                                              |
| 3. STREET ADDRESS  | 1660 GRANDVIEW BLVD   |                                                                              |
| 4. CITY- ST- ZIP   | KISSIMMEE FL 34744    |                                                                              |
| 5. TITLE           | D/P                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            | LETSON, WILLIAM M.    |                                                                              |
| 7. STREET ADDRESS  | 431 WEST OAK STREET   |                                                                              |
| 8. CITY- ST- ZIP   | KISSIMMEE FL 34741    |                                                                              |
| 9. TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |                       |                                                                              |
| 11. STREET ADDRESS |                       |                                                                              |
| 12. CITY- ST- ZIP  |                       |                                                                              |
| 13. TITLE          | D/T                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           | HENNINGSEN, HARALD J. |                                                                              |
| 15. STREET ADDRESS | 604 OAK COMMONS BLVD  |                                                                              |
| 16. CITY- ST- ZIP  | KISSIMMEE FL 34741    |                                                                              |
| 17. TITLE          | D/V                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 18. NAME           | WINGER, DOUGLAS       |                                                                              |
| 19. STREET ADDRESS | 610 OAK COMMONS BLVD  |                                                                              |
| 20. CITY- ST- ZIP  | KISSIMMEE FL 34741    |                                                                              |
| 21. TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22. NAME           |                       |                                                                              |
| 23. STREET ADDRESS |                       |                                                                              |
| 24. 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 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

3/29/96

(407) 846-6004

Date

Telephone Number

CR2E034 (12/95)