

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

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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34741-6627



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1995		3a. Date of Last Report 04/04/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3358060		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RALSTON, STEPHEN M			12 NAME			
STREET ADDRESS	1680 GRANDVIEW BLVD			13 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL			14 CITY - ST - ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LETSON, WILLIAM			22 NAME			
STREET ADDRESS	431 WEST OAK STREET			23 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL			24 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEELE, WILLIAM			32 NAME			
STREET ADDRESS	931 WEST OAK STREET			33 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL 34741			34 CITY - ST - ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENNINGSEN, HARALD J			42 NAME			
STREET ADDRESS	604 OAK COMMONS BLVD.			43 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL			44 CITY - ST - ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINGER, DOUGLAS			52 NAME			
STREET ADDRESS	610 OAK COMMONS BLVD			53 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL			54 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE: _____ Date: 1/20/97 (407) 846-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Harold J Henningson, M.D. Orthopaedic Surgeon

CR2E034 (9/96)