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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000043973**

1. Corporation Name

J.F.K. FUNDING CORP.	i	
Principal Place of Business	Mailing Address	 .
3308 TEXAS AVE S ST. LOUIS PARK MN 55426 US	3300 TEXAS AVE., S. St. Louis Park MN 55426 US	
2. Principal Place of Business	2a. Mailing Address	

FILED Apr 30, 1999 8:00 am Secretary of State

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Principal Place	of Business	Mailing Address						
BOOR TEXAS AVE S 3308 TEXAS AVE., S.]				
ST. LOUIS PARK MN 55426		ST. LOUIS PARK I US	ST. LOUIS PARK MN 55426		DO NOT WRIT	DO NOT WRITE IN THIS SPACE		
JS		00	`		3. Date Incorporated or Qualifed			
					06/07/1995		1	
2 Principal P	ace of Business	2a. Mailing Addr			4. FEI Number		Applied For	
21	ace of pasinoss	26			41-1817794		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			\$8.75	Additional	
22	,	27			5. Certifcate of Status Desired	Fee F	Required	
City & State	932		City & State		6. Election Campaign Financing	\$5:0	0 May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country		This corporation owes the current year Intangible			
4	25	29	30		Personal Property Tax.	Yes	<u>24</u> No	
	9. Name and Address of Cur	rent Registered Agent		100	10. Name and Address of New R	egistered Agent		
CADI	TAL CONNECTION			81 Name				
	E. VIRGINIA ST.			82 Street	Address (P.O. Box Number is Not Acceptal	ole)		
SUIT				<u>-</u>				
	AHASSEE FL 32301			83			1	
IALL	MINOGEL I L DESUI			84 City		- 85 Zip	p Code	
_					corporation submits this statement for the			
office or r agent. I a	egistered agent, or both, in the Stammar familiar with, and accept the ob-	ate of Florida. Such chan	oe was authoriz	zed by the corp	oration's board of directors. I hereby accep	t the appointment as	registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	,		required when reinstating)	DATE		
12.		AND DIRECTORS		3	ADDITIONS/CHANGES TO OFF			
TITLE	P	U D	ELETE 1.1	1 TITLE		Change	e Addition	
NAME	JOHN F. KENEY		1.2	2 NAME	}		{ }	
STREET ADDRESS	3308 TEXAS AVE S		1.3	3 STREET ADDRESS				
CITY-ST-ZIP	ST.LOUIS PARK MN			4 CITY-ST-ZIP			e Addition	
TITLE				1 TITLE			C (
NAME				2 NAME	}		}	
STREET ADDRESS				3 STREET ADDRESS				
CITY-ST-ZIP				4 CITY-ST-ZIP	 	[] Change	e Addition	
TIPLE ,		ט∟		1 TITLE		C Criang	e Liverion	
NAME				2 NAME	-			
STREET ADDRESS				3 STREET ADDRESS	1		1	
CITY-ST-ZIP				4. CITY-ST-ZIP 1 TITLE		Chang	e Addition	
TITLE							_	
NAME				2 NAME	.]		}	
STREET ADDRESS	`		1.	3 STREET ADDRESS]]	
CITY-ST-ZIP				4 CITY-ST-ZIP 1 TITLE		Change	e Addition	
TITLE		()		2 NAME		وهو		
NAME				3 STREET ADDRESS			1	
STREET ADDRESS				4 CITY-ST-ZIP	1			
CITY-ST-ZIP	<u> </u>			1 TITLE	 	☐ Chang	e Addition	
TITLE				2 NAME			_	
NAME				3 STREET ADDRESS	.)			
STREET ADDRESS			0.0	O O INCLI PEDIACOC				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other higher provered.

4-25-99(612)935-0232 SIGNATURE: JOHN TOWNEY PIRES