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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000071586 (8)**

1. Corporation Name
C4T FUNDING, INC.

Principal Place of Business	Mailing Address
2345 CHESHIRE BRIDGE RD. SUITE 4 ATLANTA GA 30324	2345 CHESHIRE BRIDGE RD. SUITE 4 ATLANTA GA 30324-3758

3. Date Incorporated or Qualified: 09/15/1995
3a. Date of Last Report: 10/15/1996

2. Principal Place of Business	2a. Mailing Address
21 2441 Cheshire Bridge Road	26 2441 Cheshire Bridge Road
Suite, Apt. #, etc. 22 Suite 130	Suite, Apt. #, etc. 27 Suite 130
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip / Country 24 30324-3760 25	Zip / Country 29 30324-3760 30

4. FEI Number: APPLIED FOR 58-2197281 ☐ 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
ELSBERRY, MICHAEL V 215 NORTH EOLA DRIVE ORLANDO FL 32801	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	D	☐ DELETE	1.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	HOMA, RICHARD		1.2 NAME	Homa, Richard	
STREET ADDRESS	2345 CHESHIRE BRIDGE RD. SUITE 4		1.3 STREET ADDRESS	2441 Cheshire Bridge Rd., Ste 130	
CITY-ST-ZIP	ATLANTA GA 30324		1.4 CITY-ST-ZIP	Atlanta, GA 30324-3760	
TITLE		☐ DELETE	2.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME			2.2 NAME	Rogers, Sabrina	
STREET ADDRESS			2.3 STREET ADDRESS	2441 Cheshire Bridge Rd., Ste 130	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Atlanta, GA 30324-3760	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: [signature] 1/10/97 (404)315-8570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011803