

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000071586 (8)

1. Corporation Name
C4T FUNDING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2441 CHSHIRE BRIDGE ROAD SUITE 130 ATLANTA GA 30327-3760 US		2441 CHESHIRE BRIDGE ROAD SUITE 130 ATLANTA GA 30327-3760 US	
2. Principal Place of Business	2a. Mailing Address		
21 2441 Cheshire Bridge Rd.	26 2441 Cheshire Bridge Rd.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite 130	27 Suite 130		
City & State	City & State		
23 Atlanta, Georgia	28 Atlanta, Georgia		
Zip	Zip		
24 30324	29 30324		
Country	Country		
25	30		

3. Date Incorporated or Qualified	
09/15/1995	
4. FEI Number	Applied For
59-2197281 58-2197281	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
☒ 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	HOMA, RICHARD	1.2 NAME	
STREET ADDRESS	2345 CHESHIRE BRIDGE RD. SUITE 4	1.3 STREET ADDRESS	2441 Cheshire Bridge Road, Suite 130
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, Georgia 30324
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)