

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

**FILED**  
**Jun 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000085943 (5)**  
 1. Corporation Name  
**REAL ESTATE FUNDING GROUP INC.**



Principal Place of Business <b>837 E. INDIANTOWN ROAD                  SUITE 6                  JUPITER FL 33477                  US</b>	Mailing Address <b>50 SOUTH U.S. HIGHWAY 1                  SUITE 313                  JUPITER FL 33477-5194</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Zip
<b>25</b> Country	<b>30</b> Country
<b>23</b> Zip	<b>29</b> 33477
<b>24</b> Country	<b>30</b> US

<b>3.</b> Date Incorporated or Qualified <b>11/08/1995</b>	<b>3a.</b> Date of Last Report <b>04/29/1996</b>
<b>4.</b> FEI Number <b>65-0618958</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**CIOFFI, JAMES A**  
**250 TEQUESTA DRIVE**  
**SUITE 200**  
**TEQUESTA FL 33469**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>Gouyd, Martin S.</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>201 Sea Jats Dr. #E</b>
<b>83</b>	
<b>84</b> City	<b>Juno Beach</b>
<b>85</b> Zip Code	<b>FL 33408</b>

**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 *Martin S. Gouyd* **MARTIN S. GOUYD** **1/30/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUONO, MICHAEL</b>	1.2 NAME	<b>Long, Douglas</b>
STREET ADDRESS	<b>50 SOUTH U.S. HIGHWAY 1, SUITE 313</b>	1.3 STREET ADDRESS	<b>3411 Inlet Crt</b>
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	1.4 CITY-ST-ZIP	<b>Tequesta, FL 33469</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANDERSON, DEANNE</b>	2.2 NAME	<b>Robinett, Patricia</b>
STREET ADDRESS	<b>50 SOUTH U.S. HIGHWAY 1, SUITE 313</b>	2.3 STREET ADDRESS	<b>196 Park Place</b>
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	2.4 CITY-ST-ZIP	<b>Jupiter, FL 33458</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Coffey, Pamela</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>137 Hampton Circle</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Jupiter, FL 33458</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Coffey, Jeffrey</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>258 Sussex Circle</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Jupiter, FL 33458</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Gouyd, Martin S</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>201 Sea Jats Dr. #E</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Juno Beach, FL 33408</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE *[Signature]* **4-2-97 571-246-1149**

CR2E034 (9/96)