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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097916 (7)

CONSUMER FUNDING CORP.

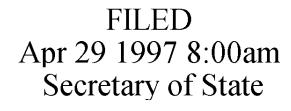
Principal Place of Business

1010 S. OCEAN BLVD.

PH D

Mailing Address

1010 S. OCEAN BLVD.





POMPANO BE	ACH FL 33062	POMPANO BEACH FL 3306	2-6666		
				 Date Incorporated or Qualified 12/28/1995 	3a. Date of Last Report 03/19/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 XY N	E 24 AUE.	26 24 NE 24 1	AUE.	65-0631134	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	PAND REACH : FL	City & State 28 POMPANO B	EACH . F	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
- 1 A	Country	Zip	Country	8. This corporation has liability for i	inlangible tax under s. 199.032,
24 330	162 25 USA		30 USA		Yes No
		Registered Agent		10. Name and Address of New Re	gistered Agent
	RARDI, VINCENT		81 Name	INCENT GERARD	T
	0 S. OCEAN BLVD.		82 Street Ad	ldress (P.O. Box Number is Not Acceptab	nle)
PH			2	4 N.E. 24 AUE	NUE
PUN	MPANO BEACH FL 33062		83		
			84 City (2	4	85 Zip Code
44 Durance	to the provisions of Deathers 207 or on		/7	MPANO BEACH	- 『LII そえかんつ
office or r	to the provisions of Sections 107.0502 registered agont, or both, The State of	and 607.1508, Florida Statutes If Florida: Such change was au	s, the above-named co ulhorized by the cornor	orporation submits this statement for the precion's board of directors. I bereby accer-	surpose of changing its registered
/ agent ta	im familie with, and accomplishe obligat	ions of, Section 607.0505, Flor	ida Statutes.	ration's board of directors. I hereby accep	A the appointment as registered
SIGNATURE	What John				4-22.97
12,	Signature, typed or printed name of registered agon OFFICERS AND		Registered Agent signature req		DATE
TITLE	PD OFFICEAS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GERARDI, VINCENT	and occur.	1.2 NAM(Fin Analysis Fin Applifibili
STREET ADDRESS	24 NE 24TH TER		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO EBACH FL				
TITLE	SID	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MANFREDONIA, SALVATORE J	hand very file	22 NAME		ET OUR-ING ET MORROLI
STREET ADDRESS	24 NE 24TH AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE		DELETE	2 4 CITY-ST-ZIP 31 HTLE		Change Addition
NAME		to all the second	3 2 NAME		En ouende En vontrou
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - S1 - ZIP		
TITLE		DELETE	4.1 Title		Change Addition
NAME			4. 2 NAME		E CHANGE E ROUTION
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		En cumbo En Propinon
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST-ZIP		
TITLE		DELFIE	6.1 TIME		Change Addition
NAME			6.2 NAME		En cuante El Montion
STREET ADDRESS					
CITY-ST-ZIP			6.3 STREET ADDRESS		
ייוביונים צוויים			6.4 CHY+ST-7IP		

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 eath; 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 or all attachment with an address.