

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000097916 (7)

1. Corporation Name
CONSUMER FUNDING CORP.

Principal Place of Business
1010 S. OCEAN BLVD.
PH 9
POMPANO BEACH FL 33062

Mailing Address
1010 S. OCEAN BLVD.
PH 9
POMPANO BEACH FL 33062-6666

2. Principal Place of Business
21 24 NE 24 AVE.
Suite, Apt. #, etc.

2a. Mailing Address
26 24 NE 24 AVE.
Suite, Apt. #, etc.

22 City & State
23 POMPANO BEACH, FL

27 City & State
28 POMPANO BEACH, FL

24 Zip 33062 25 Country USA

29 Zip 33062 30 Country USA

9. Name and Address of Current Registered Agent

GERARDI, VINCENT
1010 S. OCEAN BLVD.
PH 9
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified
12/28/1995

3a. Date of Last Report
03/19/1996

4. FEI Number
65-0631134

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

10. Name and Address of New Registered Agent

81 Name VINCENT GERARDI
82 Street Address (P.O. Box Number is Not Acceptable)
24 N.E. 24 AVENUE
83
84 City POMPANO BEACH FL 85 Zip Code 33062

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 *Vincent Gerardi*

4-22-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GERARDI, VINCENT
STREET ADDRESS 24 NE 24TH TER
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE STD
NAME MANFREDONIA, SALVATORE J
STREET ADDRESS 24 NE 24TH AVE
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 *Vincent Gerardi*



FILED
Apr 29 1997 8:00am
Secretary of State

CR2E034 (9/96)