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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000001421 (2)

1. Corporation Name
LITIGATION FUNDING, INC.



Principal Place of Business

670 G/G, 301 S. BISCAYNE BOULEVARD
1500 MIAMI CENTER
MIAMI FL 33131

Mailing Address

670 G/G, 301 S. BISCAYNE BOULEVARD
1500 MIAMI CENTER
MIAMI FL 33131

3. Date Incorporated or Qualified
01/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 1000 LINCOLN ROAD #200
Suite, Apt. #, etc.

2a. Mailing Address

26 1000 LINCOLN ROAD, #200
Suite, Apt. #, etc.

4. FEI Number

65-0649022

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

23 MIAMI BEACH, FL.

27 MIAMI BEACH, FL.

24 33139

25 USA

29 33139

30 USA

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
801 S. BISCAYNE BOULEVARD
1500 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

MITCHELL RUBINSON

82 Street Address (P.O. Box Number is Not Acceptable)

1000 LINCOLN ROAD, SUITE 200

83

MIAMI BEACH, FLORIDA 33139

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.001 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 this 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 name of registered agent and title if applicable

MITCHELL RUBINSON, PRES./DIRECTOR

(NOTE: Registered Agent signature required when re-filing)

DATE

4/10/97

12. OFFICERS AND DIRECTORS

TITLE D* ☐ DELETE
NAME RUBINSON, MITCHELL
STREET ADDRESS 670 G/G, 301 S. BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DOP ☒ Change ☐ Addition
1.2 NAME MITCHELL RUBINSON
1.3 STREET ADDRESS 1000 LINCOLN ROAD, SUITE 200
1.4 CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139

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 subsequent 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 registered agent 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 applicable.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

(305) 531-5800

CR2E034 (9/96)