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Feb 19 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 # P96000001654 (8)

1. Corporation Name

ALL FLORIDA FUNDING, INC.

Principal Place of Business

1115 PALMETTO AVE.
SANFORD FL 32771

Mailing Address

1115 PALMETTO AVE.
SANFORD FL 32771-2845



2. Principal Place of Business

21 500 EAST SEMORAN BLVD.

Suite, Apt. #, etc.

22 Suite 2K

City & State

23 Casselberry, FL

Zip

24 32707

Country

25 USA

2a. Mailing Address

26 500 EAST SEMORAN BLVD.

Suite, Apt. #, etc.

27 Suite 2K

City & State

28 Casselberry, FL

Zip

29 32707

Country

30 USA

3. Date Incorporated or Qualified

01/05/1996

3a. Date of Last Report

4. FEI Number

59-3362800

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

9. Name and Address of Current Registered Agent

MIDSTATE LEGAL SUPPLY CORP.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

10. Name and Address of New Registered Agent

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
officer 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 of typed or printed name of registered agent and officer, if applicable

President

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS BERSTEIN, MELVYN S
CITY-ST-ZIP 291 ALTAMONTE BAY CLUB CIR.
ALTAMONTE SPRGS FL 32701

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 PRESIDENT ☒ Change ☐ Addition
1.2 NAME BERNSTEIN, MELVYN S.
1.3 STREET ADDRESS 291 Altamonte Bay Club Cir. #207
1.4 CITY-ST-ZIP Altamonte Springs, FL 32701

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELVYN S. BERSTEIN 1-13-97

Date

407-331-8766
407-444-1880

Daytime Phone #

CR2E034 (9/96)