FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90053 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600001801

CHAMBERLAIN FUNDING GROUP, INC.

Principal Place	e of Business	Mailing Address			•		i di li ila lalia alili	#6113 #B141 #811	8811 6916 16		B\$81 IEB1 1881
3505 FRONTAGE RD		3505 FRONAGE RD									
STE 155		STE 155				BO 110	T 14/DITE 161	T1 40 00 40			
TAMPA FL 33607		TAMPA FL 33607				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
US 	•	US				3. Date Inco 01/05/1		ualifed 			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numl					lied For
21		26				<u>59-335</u> 2	<u> 2674 </u>				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Des	sired []			dditional
22		27								ee Req	-
City & State		City & State				6. Election Campaign Financing \$5.00 May Be					
23		28			•		d Contribution			dded to) Fees
Zip	Country	Zip	_	ountry		1	oration owes t	he current yo			□No
24	25	29	30				Property Tax.	Man Danie	Ye		LINO
	9. Name and Address of Curre	ent Registered Agent		81	Nome	10. Name an	a Address of	New Regis	tereu Ageni		_
COL	E, MICHAEL			101	Name						
	FRONTAGE RD			82	Street A	Address (P.O. Box N	umber is Not /	Acceptable)			
1						_					_
STE	PA FL 33607			83							
IAMI	PA FL 33007			84	City				85	Zip Ç	ode
									<u>FL " </u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	i02 and 607.1508, Florida St	atutes, the	above	e-named o	corporation submits to	this statement actors. I hereb	for the purpo v accept the	ose of chang appointmen	jing its r it as req	registerea iistered
onice or re	m familiar with, and accept the oblig	ations of Section 607.0505.	Florida St	tatutes.	ine corpe	in the state of the		,,			, -
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: