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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600008057 1. Corporation Name

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90083 011 ***150.00

STAND	ARD FUNDING CORPORAT	ION			A DOUGHOUS HAD REALD BRING BRING BRING	Kana arin arin arin bala irin ar	1 01 0 11/1 1 03 1 1 03 1	
Principal Pla	ice of Business	Mailing Address			1 18811881 159 15110 01161 05711	Maint agent gaint gaidt tarit an		
16155 S.W. 11	17TH AVE.	16155 S.W. 117TH AVE.						
#B15 #B15								
MIAMI FL 33177 MIAMI FL 33177						RITE IN THIS SPACE		_
					3. Date Incorporated or Qualife	ed		
O Drin ain at	Place of Business	1 2 24 90 24 1			01/25/1996			
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	 	Applied For	10
Suite, Ap	t # ata	26			65-0863107	·	Not Applicable	3
22	i. #, 6ic.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	'
City & Sta	ate	City & State					Required	
23		28			6. Election Campaign Financin	~	May Be	
Zip	Country	Zip	Cou	ntn/	Trust Fund Contribution		to Fees	-
24	25	29	30	ind y	8. This corporation owes the co	urrent year Intangible ☐ Yes	□No	
2-7	9. Name and Address of Curre		1301		Personal Property Tax. 10. Name and Address of New		LINO	-
				81 Name	10. Name and Address of Nev	r registered Agent		-
C.T	CORPORATION SYSTEM				· · · · · · · · · · · · · · · · · · ·			1
120	O SOUTH PINE ISLAND ROAD			82 Street Ad	dress (P.O. Box Number is Not Acce	otable)]
PLA	INTATION FL 33324		ŀ	83	**************************************	1	4.5 (1.388, 4.7	┨
						化二角 经直接销售		
·			[84 City	and the second s	FL 85 Zip	Code	1
11 Pursuan	t to the provisions of Sections 607.05	in2 and 607 1508 Florida Statut	es the at	nove-named co	poration submits this statement for the			4
office or	registered agent, or both, in the State	e of Florida. Such change was a	uthorized	by the corpora	tion's board of directors. I hereby acc	ept the appointment as i	egistered	ļ
		lations of, Section 607.0505, Fig	nda Statu	ites.	•			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	- Registered	Agent signature requi	red when reinstating),	DATE		Ι.
12.		ND DIRECTORS	13.	- igom organizato roqui	ADDITIONS/CHANGES TO C		OPS IN 12	8
TITLE	D	☐ DELETE	1.1 TITI	LE	ATTENDED FOR	☐ Change		1
NAME	KOPPELMANN, WILLIAM J		1.2 NA	ME	440			7
STREET ADDRESS	404FF 0 14/ 44#F/1 41#F	5	1.3 STF	REET ADDRESS				8
CITY-ST-ZIP	MIAMI FL 33177			Y-ST-ZIP				5
TITLE	D	☐ DELETE	2.1 TITI			Change	Addition	5
NAME	PINKERTON, ROBERT A		2.2 NA	ME				
STREET ADDRESS	4004 04115004114 070557 0							ı
CITY-ST-ZIP	DENVER CO 80202	UITE 3700	2.3 STF	REET ADDRESS		•		
TITLE .	i	UITE 3700		REET ADDRESS				
NAME '	Post of the second seco	UITE 3700		TY-ST-ZIP		Change		
STREET ADDRESS		****	2. 4 CIT	TY-ST-ZIP	and the state of a second			
	Tauliy Tauliy	****	2. 4 CIT 3.1 TTTL 3.2 NAM	TY-ST-ZIP LE ME	and the second s	☐ Change		
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CITY-ST-ZIP		****	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP			Addition	
		DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE				=-
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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 a fattachment with an address, with all other like empowered.

SIGNATURE: