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 # P96000020953 (1)

CFI GENERAL FUNDING V. INC.

Principal Place of Business Mailing Address						T THE FIRST LEE HELLE COLLEGE			
135 WEST CEN	TRAL BOULEVARD	135 WEST CENTRAL BOULEVARD SUITE 1100							
SUITE 1100					1				
ORLANDO FL 3	2601	ORLANDO FL 32801-2436			-	3. Date Incorporated or Qualified	3a. Date	of Last Re	eport
						03/07/1996			
2. Principal P	lace of Business	28. Mailing Address				4. FEI Number		Ap	plied For
21		26			Ì	59-3374586		No	t Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27				Confined of States Beside		Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Addod t	
Zip	Country	h 1	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9. Name and Address of Current	29 Registered Agent	30		L	Florida Statutes L 10. Name and Address of New Re			
2448		nogratorou Agont	- · · · · · · · · · · · · · · · · · · ·	1 Namo		io, name and Addieso of from the	gistored A	JOIN	
	DER, MICHAEL E		-						
	WEST CENTRAL BOULEVARD	82 Street Ad			t Addres	dress (P.O. Box Number is Not Acceptable)			
	E 1100 ANDO FL 32801		83						
UKD	ANDO PL 32801		_					r	
			E	4 City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	l ve-name	d corpora	ation submits this statement for the p	ourpose of c	hanging it	s registered
office or r	to the provisions of Sections 607.05.02 egistered agont, or both, in the State of m familiar with, and accept the obligat	f Florida, Such change was a ions of Section 607 0505. Ek	authorized orida Statu	by the co	rporation	's board of directors. I hereby acce	pt the appo	ntment as	registered
SIGNATURE	militar min, and dood, the onlight	1010 01, 000101, 001.00001, 1.1	oncid Otale	.02.					
SIGNATURE	Signature, lyped or printed name of registered agent	and litic if applicable (NOI		ypent signatu	re required :	when reinstating)	DA1€		
12.	OFFICERS AND	the second secon	13.		·	ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELFTE	1.0 THE				L	Change	Addition
NAME	SIEGEL, DAVID A	_	1.2 NAM						
STREET ADDRESS	5601 WINDHOVER DRIVE EVAR)		E1 ADDRESS	5				
CITY-ST-ZIP	ORLANDO FL 32819	DELETE		- S1 - 7I P				Change	Addition
TITLE	D DESCRIPTION	[_] DELLIE	2.4 101				L	Change	L.J ADDITION
NAME	SIEGEL, BETTIE I		2.2 NAM						
STREET ADDRESS	5601 WINDHOVER DRIVE EVAR	,		.E1 ADDRESS	1				
CITY-ST-ZIP	ORLANDO FL 32819	DELETE	2. 4 CIT 3.1 HTL	(- \$1 - ZIP			г	Change	Addition
TITLE	D Leventhal, ronald h	_ puttit	3.1 HIL 3.2 NAM		-		L	onango و_	L rounce
NAME STREET ADDRESS	5601 WINDHOVER DRIVE EVAR	h		ET ADDRESS					ļ
CITY-ST-ZIP	ORLANDO FL 32819	•		(´				
TITLE	D	DELETE	4.1 111L					Change	Addition
NAME	MILLER AL, WILLIAM E II		4. 2 NA				•	ŭ	
STREET ADDRESS	BOX 1190 N/A		1	''' E1 Address	,				
CITY-ST-ZIP	BERRYVILLE VA 22611			- \$1 - 7IP					
TITLE		DELETE	51 TITL	P. 184 14 14 17 1-1			[Change	Addition
NAME			5 2 NAN	IE					
STREET ADDRESS				EL ADDRESS	s				ĺ
CITY-ST-ZIP				-\$1-7IP					ĺ
TITLE		DELETE	61 HTL				,,_,,	Change	Addition
NAME			62 NAN	IE .					ĺ
STREET ADDRESS			63 STR	ET ADDRESS	3				
CITY-ST-ZIP			64 CIII	-ST-7/P					ļ

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 logal offect as if made under oath; that I am an officer or director of the composation 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 in changed, or on an attachment with an address.

FILED

May 13 1997 8:00am

Secretary of State

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