FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026822 (2)

ANDERSON FUNDING CORPORATION

Principal Plac 1761 W. HiLLS SUITE 405	SBORO BLVD.	Mailing Address 1761 W. HILLSBORO BLVD. SUITE 405 DEERFIELD BEACH FL 33442-1502				
DEERFIELD BE	EACH FL 33442	DESHRIELD BEACH FL	33442-1502		3. Date Incorporated or Qualified 03/25/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0658	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		·······	6. Election Campaign Financing	\$5.00 May Be
23 Z _I p Country		28 Zip	Zip Country		Trust Fund Contribution 8. This corporation has liability for	Added to Fees or Intangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes ZNo
	g. Name and Address of Curre	nt Registered Agent	8	l Nome	10. Name and Address of New F	legistered Agent
	DERSON, THOMAS L JR.		•	Name		
1	i 1 W. Hillsboro BLVD. Te 405		8:	Street	Address (P.O. Box Number is Not Accept	able)
	ERFIELD BEACH FL 33442		, 8:)		
			8	City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida State of Florida, Such change was	utes, the abo s authorized b	re-named by the cor	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
agent. La SIGNATURE	ım familiar with and accept the oblig	gations of, Section 607.0505,	Florida Statuti	es.		
SIGNATURE.	Signature, typed or printed name of registered ag	pent and title if applicable (N	OTE: Registered A	gent signatur	e required when reinstating)	DATE
12.	,	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	1.1 TITLE		P/D	☐ Change 🔀 Addition
NAME	ANDERSON, THOMAS L JR.		1.2 NAME		THOMAS L. ANDERSON 9429 122ND AVE	1, 3R.
STREET ADDRESS	1761 W. HILLSBORO BLVD.		1.3 STRE	T ADDRESS	19429 122ND AVE	·
CITY - ST - ZIP	DEERFIELD BEACH FL 33442		1.4 C/TY-	ST-ZIP	SEMWOLE, FL S/T LESUE B. ANDERSON 10827 GLENEAGLES BOYNTON BEACH, FL	34643
THLE		DELETE	2.1 TITLE		S/T	Change 🔀 Addition
NAME			2.2 NAME		LESUE B. ANDERSON	~ <u>_</u>
STREET ADDRESS			2.3 STRE	T ADDRESS	10827 GLENEAGLES	RD.
City - ST - ZiP			2. 4 CITY	ST-ZIP	BOYNTON BEACH, FL	33436
THEE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAMI		Ì	
STREET ADDRESS			3.3 STRE	T ADORESS		
CiTY - ST - ZiP			3.4. CITY	-ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				T ADDRESS		
CITY-S1-ZIP			4.4 CITY		ì	ì
TIFLE		DELETE	5.1 TITLE			Change Addition
NAME		_	52 NAMI			-
STREET ADDRESS				T ADDRESS	1	
			54 CITY			
CITY-ST-7IP TITLE		☐ DELETE	6.1 TITLE			Change Addition
1	i e	- Decem	■ 0.1 HILL		1	time assembly from separation
			C O MALE		1	!
NAME STREET ADDRESS			6.2 NAM	T 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 angual 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 operation or the reporter or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

lesue B. ANDERSUN/29/97 (561)734-2729