


FILED

Apr 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000038372 (4)**  
 1. Corporation Name  
**MOODY CAPITAL FUNDING CORPORATION**

Principal Place of Business <b>1708 SO. HIGHWAY A1A STE 4D</b> <b>MELBOURNE BEACH FL 32951</b>	Mailing Address <b>1708 SO. HIGHWAY A1A STE 4D</b> <b>MELBOURNE BEACH FL 32951-2343</b>
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2. Principal Place of Business 21 <b>216 ASH AVENUE</b> Suite, Apt. #, etc. 22 City & State 23 <b>MELBOURNE BEACH, FL</b> Zip Country 24 <b>32951</b> 25	2a. Mailing Address 26 <b>P.O. Box 510069</b> Suite, Apt. #, etc. 27 City & State 28 <b>MELBOURNE BEACH, FL</b> Zip Country 29 <b>32951-0069</b> 30
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9. Name and Address of Current Registered Agent <b>MOODY, DAVID W</b> <b>1708 SO. HIGHWAY A1A STE 4D</b> <b>MELBOURNE BEACH FL 32951</b>	81 Name 82 Street Address 83 84 City
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David W. Moody **DAVID W. MOODY**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE
NAME		1.2 NAME
STREET ADDRESS		1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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 the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David W. Moody **DAVID W. MOODY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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