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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CHIY-ST 7i2

City St ZiP

THE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038372 (4)

MOODY CAPITAL FUNDING CORPORATION

Principal Place of Business Mailing Address 1708 SO. HIGHWAY A1A STE 4D 1708 SO. HIGHWAY ATA STE 4D MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951-2343 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For P.O. BOX 510069 21 216 ASH 26 *5*9-3377883 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 MELBOURNE BEACH, 28 MELROURNE Trust Fund Contribution BEACH Added to Fees 8. This corporation has liability for intangible tax under s. 199.032. 25 29 33951-0069 9. Name and Address of Current Registered Agent Yes Florida Statutes 10. Name and Address of New Registered Agent 81 MOODY, DAVID W W. NOODY 1708 SO. HIGHWAY A1A STE 4D Street Address (P.O. Box Number is Not Acceptable) 82 **MELBOURNE BEACH FL 32951** 83 84 City 85 Zip Code MELROURNE 3295 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arms millar with, and accept the obligations of, Specian 607.0506, Florida Statutes. PRESIDENT MOOD 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) Addition Change DELETE Talle 1.1 TITLE DAVED W. MOODY all ASH AVENUE 1.3 STREET ADDRESS STHEET ADDRESS NELROURNE DEACH F 1.4 CiTY-ST-ZiP CITY - ST- 70 DELETE Addition 21 TITLE 2.2 NAME NAM! STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THEF MAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY - \$1 - 705 3.4. CITY-ST-ZIP ☐ DELETE Change Addition 1HLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-St-7ff DELETE ☐ Change ☐ Addition THUE 5.1 TITLE NAME 5.2 NAME

FILED Apr 18 1997 8:00am Secretary of State



Change

Addition

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 inclicated 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 office 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

6.4 CITY-ST-7IP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE: 0105392

DELETE