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 # P96000038714 (7)

JACKSON FUNDING GROUP INC.

FILED Feb 13 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address	<u></u>	1908#601#10#610#6#########################	#\$\$\$\$\$ -	
3202 COLWELL AVENUE	3202 COLWELL AVENUE				
APARTMENT #1306 TAMPA FL 33614	APARTMENT #1306 TAMPA FL 33614-8330				
			3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	_ 1-	4. FEI Number	Applied For	
	11A AVE. 26 3202 COL	WELL AVE	59-3376585 -00 0		
Suite, Apt. #, etc.	27 4 /306 27 4 /306		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
STAMPA, E.	28 City & State	z .	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	Prancy 2/33/2/4"	Jountry 30HILLS BONOVER	8. This corporation has liability for i		
4 John and Address	s of Current Registered Agent	39/10000000	Florida Statutes 10. Name and Address of New Re	Yes No	
JACKSON, FRANK RICHAR		81 Name	IV. Name and Address of New Tip	Jistorou Agoni	
3202 COLWELL AVENUE	iD				
APARTMENT #1306		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33614		83			
		84 City		85 Zip Code	
		O4 City		FL 85 Zip Code	
agent. I am familiar with, and acceptions SIGNATURE	in the State of Florida. Such change was a pt the obligations of, Section 607.0505, Florida species agent and title if applicable (NOTE)	orida Statutes. E. Registered Agent signature requ		DATE	
12. OFF	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE PRESIDENT	DELETE	1.1 TITLE		Change Addition	
NAME FRANKR.	IACKSON	1.2 NAME			
STREET ADDRESS 3202 COLUB	IACKSON CLANE #1306	1 3 STREET ADDRESS			
CITY-ST-ZIP THMPA A	v. 350/4	1.4 CITY - ST - ZIP			
TILE	☐ DELETE	2 1 TITLE		Change Addition	
IAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP	T or or	2.4 CITY-ST-ZIP		Observe Addition	
TITLE	☐ DELETE	3.1 TITLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY+S1-ZIP	DELETE	3.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition	
TITLE	· Dittit	4. 2 NAME			
NAME		4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS		1			
CITY - ST - ZIP	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	·- 	Change Addition	
IAME	E Decere	5.2 NAME			
STREET ADDRESS		a i			
		5.3 STREET ADDRESS			
CITY-ST-ZIP	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition	
CITY - ST - ZIP TITLE	☐ DECETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
CITY - ST - ZIP TITLE NAME	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	

I do hereby certify that the informatics 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 of 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 510 ft. 13 if changed, or on an attachment with an address.

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