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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P96000052056 (4)

SIGNAL CAPITAL FUNDING, INC.

Principal Place of		Mailing Addres					
5082 WEST COLOR ORLANDO FL 3280	NIAL DRIVE. UNIT 152 18	5082 WEST COLONIAL DRIVE, UNIT 152 ORLANDO FL 32808-7841					
				3. Date Incorporated or Qualified 3a. Date of Last Report 06/18/1996			
Principa: Place of Business Table 1		2a. Mailing Adi	dress	4. FEI Number Applied For Not Applied			
Suite, Apt. #, etc		Suite, Apt	#, etc.	5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED				Jerry Norris			
343 ALMERIA AVENUE CORAL/GABLES FL 33134				Street Address (P.O. Box Number is Not Acceptable)			
00,49			83	Juite 152			
			84	City Orlando FLORIDAFL 85 32888			

FILED Apr 17 1997 8:00am Secretary of State

|--|

Applied For Not Applicable \$8.75 Additional

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 am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent. I am familiar with a province of changing its registered agent.									
SIGNATURE	Sign - Specifor printed value of registered agent and title if applica	Presider	egislared Agent signature requi		4-9-97				
12.	Signs are specified or printed refine of registered agent and title if application of the state		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS	S IN 12			
Title	PD	DELETE	1.1 TITLE		Change	Addition			
NAME	NORRIS, JERRY		1.2 NAME						
STREET ADDRESS	5082 WEST COLONIAL DRIVE, UNIT 152		1.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CHTY-ST-ZIP						
TITLE	V	DEFELE	2.1 TITLE		Change	☐ Addition			
NAME .	NORRIS, CAL		2.2 NAME						
STREET ADDRESS	5082 WEST COLONIAL DRIVE, UNIT 152		2.3 STREET ADDRESS			}			
CITY - ST - ZIP	ORLANDO FL 32808	7.5	2. 4 CITY-ST-ZIP						
THLE	ST	DELETE	3.1 TITLE	ь,	Change	Addition			
NAME	NORRIS, SUSAN		3.2 NAME	1		Ì			
STREET ADDRESS	5082 WEST COLONIAL DRIVE, UNIT 152		3 3 STREET ADDRESS						
City - \$1 - ZiP	ORLANDO FL 32808		3 4. City-St-ZiP						
lilv E		☐ DELETE	4.1 TITLE		Change	Addition			
NAME			4. 2 NAME						
SUREEL ADDRESS			4.3 STREET ADDRESS						
CI*Y -S1 - 707			4.4 CITY - ST - ZIP						
TITLE		DELETE	5.1 TITLE		Change	Addition			
MAME			5.2 NAME	•					
STREET ADDRESS			5.3 STREET ADDRESS			ļ			
CITY - ST - ZIF			5.4 CITY-SY-ZIP						
TITLE		DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME			į			
STREET ADDRESS			6.3 STREET ADDRESS						
CHY-S1-7IP			6.4 CITY-ST-ZIP	4					
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 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 Block 13 if changed, or on an attachment with an address.									