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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P9700006001 (6)

ADVANCED FUNDING CORPORATION

Principal Place of Business

Mailing Address

APPROVED

98 JUN -4 PM 2: 28

SECRETARY OF STATE FALLAHASSEE, FLORIDA



235 SOUTH MAITLAND AVENUE 235 SOUTH MAITLAND AVENUE SUITE 216 SUITE 216 MAITLAND FL 32751 MAITLAND FL 32751 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 *59 ~ 3506428* 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COPPORATION SERVICE COMPANY. Name 1201 HAYS STREET **B2** Street Address (F TALLAHASSEE-FL-80301-2625... 83 84 City 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. Thereby accept the appointment as registered agent. Lam familia with, and accept the inlighters of, Section 607 0505, Florida Statutes. BERRY J. WALKER SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DOTTE TITLE 1111111 Change Addition NAME BERRY J. WALKER, 1.2 NAME -06/11/93 -01117 -018 Ave. # 216 STREET ADDRESS 235 5. Maitland 1.3 STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP Meitland, 1.4 CITY - \$T - ZIP 111111 TITLE 2.1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY- ST-ZIP TITLE 🔲 DELETĒ Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP □ DELFTE Talli F 4.1 THLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - \$1 - ZIP TITLE DELETE Change 5.1 TO UE Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETÉ TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. Thereby 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 supplience all 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 of 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 physiqued or on an allegarity with an address. PREST DENT with an address.

(407)