## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name P97000056640 (0)

WESTERN FUNDING, INC.

**FILED** Sep 24 1998 8:00am Secretary of State



Principal Plac	e of <b>Bus</b> iness	Mailing Address	* * * *	ı tentağı ile imili ensi enili detti detti detti dilib dilib mili milli deli il	
1776 LAKE WO	RTH RO	1776 LAKE WORTH RD			
SUITE NO 202 SUITE NO 202				DO MOT WIDITE OF THIS BOADE	
LAKE WORTH FL 33460 LAKE WORTH FL 33460				DO NOT WRITE IN THIS SPACE	1
				3. Date incorporated or Qualified 06/26/1997	
2. Principal Place of Business 2a. Mailing Address 21 6346 Lanton Road 26 6346 Lanton			na Road	4. FEI Number   Applied For   (SS-0769671   Not Applied For	
Suite Apt	#, etc. 6 65-8	Suite, Apt. #, etc. 27 Suite 65-	-8	5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	Worth Florida	City & State Worth	Florid	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	$\neg$
24 <b>3346</b> 3	- 666 25 7 9. Name and Address of Current F	29 33463-664 30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
ROUSSO, DARREN J					
ESEE TOWAL CENTED DD					
			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
SUITE 1102 BOCA RATON FL 33486			83	o Hollywood Brad	{
500	A RATON FE 33400		Tائنگ 🗀	E 101	
			84 City	OLLYWOOD, FL FL 85 Zip Code 33002	کا
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, of 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 official on sof, section 607.0505, Florida Statutes.					
SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating)  DATE  On the control of the c					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	DELETE	1.1 TITLE	TVS Additi	
NAME	KINGSLEY, DAVID		1.2 NAME	INCALIFY, DRIVES	
STREET ADDRESS	7536 THORNLEE DR		1.3 STREET ADDRESS	5477 Tangerine BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP	OXAHATCHEE FL 33460	
TITLE	VS	DELETE	2.1 TITLE	Change Additi	on '
NAME	GIB\$ON, CHRIS	·	2.2 NAME		
STREET ADDRESS	7536 THORNLEE DR		2.3 STREET ADDRES\$		
CITY-ST-ZIP	LAKE WORTH FL 33467		2.4 CITY-ST-ZIP		]
TITLE	— <del>—</del> ··	DELETE	3.1 TITLE	Change Additi	on
NAME.			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	on ]
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	···	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	on
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	on
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I 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.

VALLED OR ALLE CALIBRE TO

9/1,148