

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90073 008 \*\*\*158.75

DOCUMENT # P97000075601

1. Corporation Name

STRATEGIC ALLIANCE FUNDING & EQUITY, INC.

Principal Place of Business

1975 EAST SUNRISE BOULEVARD  
SUITE 721  
FORT LAUDERDALE FL 33304

Mailing Address

2100 N.E. 17 AVENUE  
FORT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

65-0791723

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

□ Yes

X No

2. Principal Place of Business

21 1975 E. SUNRISE BLVD

Suite, Apt. #, etc.

22 536

City & State

23 FT. LAUDERDALE, FL

Zip

24 33305

Country

25 BROWARD

2a. Mailing Address

26 2100 N.E. 17 AVENUE

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE, FL

Zip

29 33305

Country

30 BROWARD

9. Name and Address of Current Registered Agent

RAGAN, CINDY E  
2100 N.E. 17 AVENUE  
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name

RAGAN, CINDY

82 Street Address (P.O. Box Number is Not Acceptable)

83 2100 NE 17 AVE

84 FT. LAUDERDALE, FL

City

FT. LAUDERDALE

FL

85 Zip Code

33305

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME TRODELLA, RICHARD  
STREET ADDRESS 2100 N.E. 17 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE PSVT ☐ DELETE

NAME RAGAN, CINDY  
STREET ADDRESS 2100 N.E. 17 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME V.S.D.  
1.3 STREET ADDRESS LARRY WALD  
2100 NE 17 AVE  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33305

2.1 TITLE P.T.D. ☒ Change ☐ Addition

2.2 NAME CINDY RAGAN  
2.3 STREET ADDRESS 2100 NE 17 AVE  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33305

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: CINDY RAGAN 1-8-99 546-5560

CR2E034 (11/98)

0283005