

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

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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90102 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000097174

1. Corporation Name  
**BARNETT FUNDING CORP.**



Principal Place of Business: 2345 MIDDLETON AVENUE WINTER PARK FL 32792  
 Mailing Address: 2345 MIDDLETON AVENUE WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

|                                  |  |                                  |  |                                                                                                                                      |  |
|----------------------------------|--|----------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business   |  | 2a. Mailing Address              |  | 3. Date Incorporated or Qualified                                                                                                    |  |
| 21 220 W. Brandon Blvd           |  | 26 220 W. Brandon Blvd           |  | 11/14/1997                                                                                                                           |  |
| 22 Suite, Apt. #, etc. Suite 206 |  | 27 Suite, Apt. #, etc. Suite 206 |  | 4. FEI Number 59-3477264                                                                                                             |  |
| 23 BRANDON, FL                   |  | 28 Brandon, FL                   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                             |  |
| 24 33511 25 USA                  |  | 29 33511 30 USA                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |  |
|                                  |  |                                  |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                                            |  |  |  |                                                                       |  |  |  |
|------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent            |  |  |  | 10. Name and Address of New Registered Agent                          |  |  |  |
| AMERILAWYER<br>343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 |  |  |  | 81 Name Judith Hodor                                                  |  |  |  |
|                                                            |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) 8525 SW 92nd ST |  |  |  |
|                                                            |  |  |  | 83                                                                    |  |  |  |
|                                                            |  |  |  | 84 City Miami FL 85 Zip Code 33156                                    |  |  |  |

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: Judith Hodor, Sup. 174 to doe DATE: 1/19/99

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PVST <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARNETT, MICHAEL                     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2345 MIDDLETON AVENUE                | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WINTER PARK FL 32792                 | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARNETT, MICHAEL                     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2345 MIDDLETON AVENUE                | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WINTER PARK FL 32792                 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                      | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE: Michael Barnett DATE: 1/14/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 813-688-1999

CR2E034 (11/98)