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 Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90031 010 ***150.00

DOCUMENT #	P97000107229
DOOGNIENT	P9/00010/229

1. Corporation Name				
U.S. CAPITAL FUNDING, INC.				v# - ^
	,	# = 4+		
Principal Place of Business	Mailing Address		- I JORIJORI: IIR IBINI IRBII ORIII BRISI ORIUI II	OLI ODINI IDDIO SIDSO IIDIB SOLI IBI
4889 ŁAKE WORTH RD. STE 112 LAKE WORTH FL 33463	4889 LAKE WORTH RD. STE 112 LAKE WORTH FL 33463		DO NOT WRITE IN TH	HIS SPACE
			Date Incorporated or Qualifed 12/22/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0803996	Not Applicable
Suite, Apt. #, etc. 22 Steo Like Weath STE 30 Y	Suite, Apt. #, etc.	ST 301	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 LIK WOKTH FL	City & State 28 LAKE WIRTH FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33412 25 PALM BEH	Zip Co	untry PALM BUT	This corporation owes the current year Personal Property Tax.	Intangible
9. Name and Address of Current		T	10. Name and Address of New Register	ed Agent
PAINE, JEFFREY		81 Name	(D.C. D. Mushar is Not Assertable)	
500 S AUSTRALIAN AVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 120		83		
WEST PALM BEACH FL 33401		84 City	F	85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	Florida. Such change was authorize	ed by the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE			when reinstation) DATE	
Signature, typed or printed name of registered agent a	, , , , , , , , , , , , , , , , , , , ,	ed Agent signature required	+inorriumassung)	
12 OFFICERS AND	DIRECTORS 13	L_	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12

12.	OFFICERS AND DIRECTORS	13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE	1.1 TITLE	Æ Change	Addition		
NAME.	LEVY, RAPHAEL R	1.2 NAME	4) 200			
STREET ADDRESS	4889 LAKE WORTH RD, STE 112	1.3 STREET ADDRESS	STO LIKE WUTH RD STE 308			
CITY-ST-ZIP	LAKE WORTH FL 33463	1.4 CITY-ST-ZIP	LIKE WORTH FL 334L3			
TITLE	P DELETE	2.1 TITLE	Change	☐ Addition ∫		
NAME	RONALEE LEVY	2.2 NAME	Ronalez Levy Orlick			
STREET ADDRESS	4889 LAKE WORTH RD #112	2.3 STREET ADDRESS	5700 LAKE WIRTH RO STE STY			
CITY-ST-ZIP	LAKE WORTH FL 33463	2. 4 CITY-ST-ZIP	LAKE WEATH FC 38463			
TITLE	☐ DELETE	3.1 TITLE -	Change	Addition		
NAME		3.2 NAME		ł		
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETÉ	4.1 TITLE	☐ Change	Addition		
NAME	•	4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS		ļ		
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	☐ Change	Addition		
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		
NAME		6.2 NAME		}		
STREET ADDRESS		6.3 STREET ADDRESS		ļ		
CITY ST. 7ID		6.4 CITY-ST-ZIP		Ļ		

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:	nal	u >	Wil.		(Y)	RE
SIGNATURE	AND TYPED	OR PRINTED	NAME OF S	IGNING OFFI	CER OR DIR	ECTOR

3. 8.99

Daytime Phone #