

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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S14112 (4)  
1. Corporation Name  
SPENFORD FUNDING GROUP, INC.



DO NOT WRITE IN THIS SPACE

|  |         |   |         |
|--|---------|---|---------|
| Principal Place of Business<br>491 MEADOWLARK DRIVE<br>SARASOTA FL 34236-1905<br>US  |         | Mailing Address<br>491 MEADOWLARK DRIVE<br>SARASOTA FL 34236-1905<br>US |         |
| 2. Principal Place of Business   |         | 2a. Mailing Address   |         |
| 21   |         | 26  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| 22   |         | 27  |         |
| City & State   |         | City & State  |         |
| 23   |         | 28  |         |
| Zip  | Country | Zip   | Country |
| 24   | 25      | 29  | 30      |
| 3. Date Incorporated or Qualified<br>11/21/1990  |         | 4. FEI Number<br>11-2376900   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>  |         | Applied For<br>Not Applicable   |         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |         | \$8.75 Additional<br>Fee Required                                       |         |
| 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         | \$5.00 May Be<br>Added to Fees  |         |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHLITT, SANFORD  
491 MEADOW LARK DR  
SARASOTA FL 34236

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| FL | 85 Zip Code  |

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 list if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |                    |   |
|----------------|--------------------|--------------------|---|
| TITLE          | PSD                | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SCHLITT, SANFORD   | 1.2 NAME           |   |
| STREET ADDRESS | 491 MEADOW LARK DR | 1.3 STREET ADDRESS |   |
| CITY-ST-ZIP    | SARASOTA FL        | 1.4 CITY-ST-ZIP    |   |
| TITLE          |                    | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    | 2.2 NAME           |   |
| STREET ADDRESS |                    | 2.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                    | 2.4 CITY-ST-ZIP    |   |
| TITLE          |                    | 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          |                    | 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          |                    | 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          |                    | 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.

SIGNATURE:

*[Signature]*

3/20/98 941951 0366

CR2E034 (10/97)