FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # \$21069

(7)

BAILEY FUNDING CORPORATION					
noipal Place of Business	Mailing Address) HORISOIR HID HOUL HOUSE DAVIN ON HE	EBIT MINT MENTE ANDER DINER I	istri dibil itti
SSS POWERLINE RD	6555 POWERLINE RD				
/308 //308					
T. LAUERDALE FL 33309	FT. LAUERDALE FL 33	1309	3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1991 02/21/1995		•
Principa' Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	pplied For
Throught rieses of transmission	26		65-0240589		lot Applicable
Suite. Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional tequired
Con 9 Chair	City & State		6. Election Campaign Financing) May Be
City & State	28		Trust Fund Contribution		to Fees
Z _(P) Gountry	Zip	Country	8. This corporation has liability for it		199.032,
25	29	30	Florida Statutes Yes		
Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New R	edistereo ydeur	
PERLOFF, JOHN W.		82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
1177 S.E. THIRD AVE.		83			
FT. LAUDERDALE FL 33316				1001 7	0-4-
		84 Crty		FL 85 24	Code
GNATURE Separate speed or cented name of registrated agend or cented name of registrated name of r		OTE: flogistered Agont signature req	(u/od when reinstating) ADDITIONS/CHANGES TO OFF		RS IN 12
LF P	☐ DELETE	1. 1 TO'LE	D	☐ Change	Addition
BISHOP, BRADLEY P.		1.2 NAME	•		
REFI ADDRESS 1633 NE 6TH ST		1.3 STREET ADDRESS			
S SEZE FT. LAUDERDALE FL B DS	DELETE	2 1 TITLE		☐ Change	Addition
NOVAK, KENNETH E.		2.2 NAME			
RETADDRESS 6555 POWERLINE RD #308		2 3 STREET ADDRESS			
n Sti-zie FT. LAUDERDALE FL		2.4 City - ST - ZiP			
U DT	☐ DELETE	3 1 TITLE		Change	Addition
ME BARRETT, SCOTT A.		3 2 NAME			
REFLANDRESS 6555 POWERLINE RD #308		3.3 STREET ADDRESS			
Y ST-ZP FT. LAUDERDALE FL	DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		☐ Change	Addition
.f		4.2 NAME			-
MT RELADORESS		4.3 STREET ADDRESS			•
17-81-72		4.4 CITY - S1 - 7/P			<u> </u>
TUE	☐ DELFTE	5 1 TITLE		☐ Change	☐ Addition
		5 2 NAME			
AM8		5.3 STREET ADDRESS			
HOLLADORENS 15 - ST. ZIP	רון מנונדו	5 4 CITY - ST - ZIP		Г 1 Change	Addition
Heal ADDRESS DI-ST-70P The state of the	☐ DELETE	6 1 TITLE		☐ Change	Addition
HOLLADORENS 15 - ST. ZIP	☐ DELETE			☐ Change	☐ Addition

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

954-525-344/