SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT BUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)**DOCUMENT #** S66721 FINANCIAL FUNDING CORPORATION Malling Address Principal Place of Business 104 EAST 3RD AVE. 104 EAST 3RD AVE. TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 07/17/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3083831 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζφ Yes No Florida Statutes 30 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CONIGLIO, MICHAEL J., P.A. Street Address (P.O. Box Number is Not Acceptable) 104 E. THIRD AVE. TALLAHASSEE FL 32303 83 Zip Code 85 84 City Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered that, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered indepent the obligations of, Section 607.0505, Florida Statutes. Pursuant to the provision office or registered age agent I am familia DATE (NOTE Registered Agent signature required when remalating) SIGNATURE Telegrapest and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)OFFICERS AND DIRECTORS 13. 12. Change Addition 11100 DELETE TITLE CR2E034 1.2 NAME CONIGLIO, MICHAEL J. NAME 104 E. THIRD AVE. 1.3 STREET ADDRESS STREET ADDRESS 1 4 CITY - S1 - 7IP TALLAHASSEE FL Change Addition CITY-ST-ZIP DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP Change Addition CITY-ST-ZIP DELETE 31111iF TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-2IP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - S1 - 7IF City-St-ZiP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 of prector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 12 of Block 12 of Block 13 if changed, or on an attachment with an address 6 4 CITY - ST- ZIP 8-6-96 904/681-311/

MICHAEL J. CONIGUO

SIGNATURE:

SIGNATURE