

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S66721 (9)
1. Corporation Name
FINANCIAL FUNDING CORPORATION

Principal Place of Business
104 EAST 3RD AVE.
TALLAHASSEE FL 32303

Mailing Address
104 EAST 3RD AVE.
TALLAHASSEE FL 32303-6117

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business
21 1399 West S.R. 43Y
Suite, Apt. #, etc.
22
City & State
23 LONGWOOD FL
Zip Country
24 32750 25 SEMINOLE
26 1399 West S.R. 43Y
Suite, Apt. #, etc.
27
City & State
28 LONGWOOD FL
Zip Country
29 32750 30 SEMINOLE

3. Date Incorporated or Qualified
07/17/1991
3a. Date of Last Report
08/13/1996
4. FEI Number
59-3083831
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CONIGLIO, MICHAEL J., P.A.
104 E. THIRD AVE.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
CONIGLIO, MICHAEL J., P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
971 E. TENN. ST
83
84 City
TALLAHASSEE FL 85 Zip Code
32308

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]* MICHAEL J. CONIGLIO 4-29-97
Signature typed and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DPST	CONIGLIO, MICHAEL J.	104 E. THIRD AVE.	TALLAHASSEE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	Change	Addition
DPST	RICHARD P. GARZON			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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****165.00 ****165.00

14. I do 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 supplementary 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

904-681-3111

Daytime Phone

0046306

CR2E034 (9/96)