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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S72739 (3)

1. Corporation Name:
FLORIDA FUNDING ASSOCIATES, INC.



Principal Place of Business

980 N FEDERAL HIGHWAY
206-16
BOCA RATON FL 33432
US

Mailing Address

P.O. BOX 4029
BOCA RATON FL 33429
US

change
↓

← SAME
no
change

2. Principal Place of Business

21 2061 N.W. BOCA RATON BLVD.

Suite, Apt. #, etc.

22 #202

23 BOCA RATON FL

City & State

24 33431

Zip

Country

25 Palm Bch

Country

9. Name and Address of Current Registered Agent

JACKNOWITZ, CARL B
980 N FEDERAL HIGHWAY
206-16
BOCA RATON FL 33432

ADDRESS
change

2a. Mailing Address

26 BIVD.

Suite, Apt. #, etc.

27

28 BOCA RATON FL

City & State

29 33431

Zip

Country

25 Palm Bch

Country

30

Country

3. Date Incorporated or Qualified

08/08/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0295928

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 202

84 BOCA RATON FL

FL

85 Zip Code

33432

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 type for printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/97

12. OFFICERS AND DIRECTORS

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 someone empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Block 12 or Block 13, as changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL B. JACKNOWITZ 3/15/97
561-3924259

Date

Daytime Phone

0622070

CR2E034 (9/96)