

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

FILED
Mar 18, 1996 08:00 AM
Secretary of State

DOCUMENT # P95000039925 (9)

1. Corporation Name
NAL FUNDING, INC.



Principal Place of Business: 500 CYPRESS CREEK RD W SUITE 590 FT LAUDERDALE FL 33309
Mailing Address: 500 CYPRESS CREEK RD W SUITE 590 FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 05/19/1995
3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	26	P.O. Box 8367	4. FEI Number	<input checked="" type="checkbox"/>	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Ft. Lauderdale, FL			Not Applicable
22	City & State	27	Ft. Lauderdale, FL	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	28	Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	33310-8367	30	Broward	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMO CORPORATE SERVICES, INC.
100 NE 3 AVE
SUITE 1100
FT LAUDERDALE FL 33301

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman & Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert R. Bartolini	1.2 NAME	
STREET ADDRESS	500 Cypress Creek Rd., Ste 590	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	1.4 CITY-ST-ZIP	
TITLE	President & Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John T. Schaeffer	2.2 NAME	
STREET ADDRESS	500 Cypress Creek Rd., Ste 590	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	2.4 CITY-ST-ZIP	
TITLE	Vice Pres & Asst.Secy. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Carlson	3.2 NAME	
STREET ADDRESS	500 Cypress Creek Rd., Ste 590	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	3.4 CITY-ST-ZIP	
TITLE	Vice Pres & Treas. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis R. LaVigne	4.2 NAME	
STREET ADDRESS	500 Cypress Creek Rd., Ste 590	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	4.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JoAnn Woodside	5.2 NAME	
STREET ADDRESS	500 Cypress Creek Rd., Ste 590	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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03/18/96 01050-027
***200.00

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 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

2/12/96

Date

954-938-8200

Daytime Phone #

CR2E034 (12/95)