

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

**FILED**  
**Jan 27 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000071586 (8)**  
 1. Corporation Name  
**CAT FUNDING, INC.**



Principal Place of Business <b>2345 CHESHIRE BRIDGE RD. SUITE 4 ATLANTA GA 30324</b>	Mailing Address <b>2345 CHESHIRE BRIDGE RD. SUITE 4 ATLANTA GA 30324-3758</b>
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3. Date Incorporated or Qualified <b>09/15/1995</b>	3a. Date of Last Report <b>10/15/1996</b>
4. FEI Number <b>APPLIED FOR 58-2197281</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>2441 Cheshire Bridge Road</b> Suite, Apt. #, etc. 22 <b>Suite 130</b> City & State 23 <b>Atlanta, GA</b> Zip 24 <b>30324-3760</b>	2a. Mailing Address 26 <b>2441 Cheshire Bridge Road</b> Suite, Apt #, etc. 27 <b>Suite 130</b> City & State 28 <b>Atlanta, GA</b> Zip 29 <b>30324-3760</b>	Country 25 Country 30
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9. Name and Address of Current Registered Agent <b>ELSBERRY, MICHAEL V 215 NORTH EOLA DRIVE ORLANDO FL 32801</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HOMA, RICHARD</b>	
STREET ADDRESS <b>2345 CHESHIRE BRIDGE RD. SUITE 4</b>	
CITY-ST-ZIP <b>ATLANTA GA 30324</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Homa, Richard</b>	
1.3 STREET ADDRESS <b>2441 Cheshire Bridge Rd., Ste 130</b>	
1.4 CITY-ST-ZIP <b>Atlanta, GA 30324-3760</b>	
2.1 TITLE <b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Rogers, Sabrina</b>	
2.3 STREET ADDRESS <b>2441 Cheshire Bridge Rd., Ste 130</b>	
2.4 CITY-ST-ZIP <b>Atlanta, GA 30324-3760</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: \_\_\_\_\_ Date **1/10/97** Daytime Phone # **(404) 315-8570**

CR2E034 (9/96)