

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000616 (3)**  
 1. Corporation Name  
**BLACK BUSINESS CAPITAL FINANCING CORPORATION**



Principal Place of Business <b>315 E. ROBINSON ST. SUITE 222 ORLANDO FL 32801</b>	Mailing Address <b>315 E. ROBINSON ST. SUITE 222 ORLANDO FL 32801</b>
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3. Date Incorporated or Qualified <b>02/12/1993</b>		
4. FEI Number <b>59-3179911</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**LONG, INEZ  
 315 E. ROBINSON STREET  
 SUITE 222  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD LONG, INEZ	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, INEZ	1.2 NAME	
STREET ADDRESS	315 E. ROBINSON ST., SUITE 222	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
TITLE	D MITCHELL, FRANK	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, FRANK	2.2 NAME	
STREET ADDRESS	315 E ROBINSON ST, 222	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VD KLETTNER, ROBERT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLETTNER, ROBERT	3.2 NAME	
STREET ADDRESS	390 N. ORANGE AVENUE #900	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 34801	3.4 CITY-ST-ZIP	
TITLE	D EISSEN, GODWIN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISSEN, GODWIN	4.2 NAME	
STREET ADDRESS	315 E ROBINSON ST, 222	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **BLQUIELD**

CR2E037 (10/97)