

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90030 017 ***150.00

DOCUMENT # P96000069214

1. Corporation Name

AMERICAN BUSINESS LENDERS, INC.

Principal Place of Business

2380 STONEGATE CIRCLE
PORT CHARLOTTE FL 33948

Mailing Address

2380 STONEGATE CIRCLE
PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1996

4. FEI Number

65-0687632

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 owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

AMBROSIO, JOHN
2380 STONEGATE CIRCLE
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name

John A. Ambrosio

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

2380 STONEGATE CIRCLE

83

PORT CHARLOTTE

84 City

FL

85 Zip Code

33948

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

JOHN A. Ambrosio

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME AMBROSIO, JOHN A
STREET ADDRESS 2380 STONEGATE CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CS ☒ Change ☐ Addition
1.2 NAME AMBROSIO, JOHN A
1.3 STREET ADDRESS 2380 STONEGATE CIRCLE
1.4 CITY-ST-ZIP PORT CHARLOTTE FL 33948

2.1 TITLE P/T/D ☐ Change ☒ Addition
2.2 NAME AMBROSIO JOHN M.
2.3 STREET ADDRESS 2308 - SUNSET DR.
2.4 CITY-ST-ZIP APT 11 R4 BRANDENTON, FL 34207

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

Daytime Phone #

CR2E034 (11/98)