

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 28, 1999 8:00 am
Secretary of State

04-28-1999 90050 044 ***150.00

0310433

DOCUMENT # 213470

1. Corporation Name

**LUMBERMEN'S CREDIT ASSOCIATION OF BROWARD COUNTY
, INC.**

Principal Place of Business

**701 E. COMMERCIAL BLVD.
4TH FLOOR
FT. LAUDERDALE FL 33334-3261
US**

Mailing Address

**701 E. COMMERCIAL WAY
4TH FLOOR
FT. LAUDERDALE FL 33334-3261
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1958

2. Principal Place of Business

21
Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24

25

2a. Mailing Address

26
Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29

30

4. FEI Number

59-0838698

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

9. Name and Address of Current Registered Agent

**SALIBA, VAN A
701 E COMMERCIAL BLVD
4TH FLOOR
FT. LAUDERDALE FL 33334**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ DELETE

NAME **SALIBA, VAN A**

STREET ADDRESS **701 E. COMMERCIAL BLVD., 4TH FLOOR**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **T** ☐ DELETE

NAME **SALIBA, VAN A**

STREET ADDRESS **701 E. COMMERCIAL BLVD., 4TH FLOOR**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ZIP = 33334-3261

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ZIP = 33334-3261

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 indicates 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

VAN A. SALIBA 4-23-99

Date

Daytime Phone #

954-771-2100

CR2E034 (11/98)