FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:21

DOCUMENT # **F10978** **(7)**

1. Corporation Name
LOAN AMERICA FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
8100 OAK LANE MIAMI LAKES FL 33016 US	8100 OAK LANE MIAMI LAKES FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/05/1980**
3a. Date of Last Report: **06/28/1994**

2. Principal Place of Business	2a. Mailing Address
21	26 50 NORTH LAURA STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ATTN: REG. RELATIONS
City & State 23	City & State 28 JACKSONVILLE, FLORIDA
Zip / Country 24 / 25	Zip / Country 29 32202 / 30 DUVAL CTY.

4. FEI Number: **59-2070151** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
(Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	C/D/CEO	☒ Change ☐ Addition
NAME	STUZIN, CHARLES B.	12 NAME	SEABROOK, FRANCIS G.	
STREET ADDRESS	2525 BRICKELL AVE	13 STREET ADDRESS	9000 SOUTHSIDE BLVD. - BLDG. 700	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	JACKSONVILLE, FL	
TITLE	PD	21 TITLE	P	☒ Change ☐ Addition
NAME	KUCZWANSKI,JOHN S.	22 NAME	KUCZWANSKI, JOHN S.	
STREET ADDRESS	8100 OAK LANE	23 STREET ADDRESS	8100 OAK LANE	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI LAKES, FL	
TITLE	DS	31 TITLE	S	☒ Change ☐ Addition
NAME	STUZIN, RUTH E.	32 NAME	COX, JACQUELINE	
STREET ADDRESS	2525 BRICKELL AVE	33 STREET ADDRESS	8100 OAK LANE	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	MIAMI LAKES, FL	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	TRILLING, MORTON	42 NAME	MONDELLO, JAMES F.	
STREET ADDRESS	2525 BRICKELL AVE	43 STREET ADDRESS	5875 N.W. 163 STREET	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	MIAMI, LAKES, FL	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	CAMNER, ALFRED R.	52 NAME	LYLES, RONALD J.	
STREET ADDRESS	2525 BRICKELL AVE	53 STREET ADDRESS	9000 SOUTHSIDE BLVD. - BLDG. 100	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	JACKSONVILLE, FL	
TITLE	AS	61 TITLE	CFO	☒ Change ☐ Addition
NAME	COX, JACQUELINE	62 NAME	VEGA, M. FRANCES	
STREET ADDRESS	8100 OAK LANE	63 STREET ADDRESS	13500 NORTH KENDALL DRIVE - 2nd Flr.	
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	MIAMI, FL	

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)(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: Francis G. Seabrook 3/3/95 (904) 464-4017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Francis G. Seabrook