

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0116250

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000004533 (5)

1. Corporation Name
AUTOLEND CORPORATION



Principal Place of Business

600 CENTRAL S.W.
 3RD FLOOR
 ALBUQUERQUE NM 87102

Mailing Address

600 CENTRAL S.W.
 3RD FLOOR
 ALBUQUERQUE NM 87102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1994

4. FEI Number

65-0473661

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET, STE 105
 TALLAHASSEE FL 32301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	DESANTIS, NUNZIO	
STREET ADDRESS	600 CENTRAL S.W., 3RD FLOOR	
CITY-ST-ZIP	ALBUQUERQUE NM 87102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COELHO, ANTHONY	
STREET ADDRESS	600 CENTRAL S.W., 3RD FLOOR	
CITY-ST-ZIP	ALBUQUERQUE NM 87102	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RIESENBACH, E. GERALD	
STREET ADDRESS	600 CENTRAL S.W., 3RD FLOOR	
CITY-ST-ZIP	ALBUQUERQUE NM 87102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VILLANUEVA, VINCENT	
STREET ADDRESS	600 CENTRAL S.W., 3RD FLOOR	
CITY-ST-ZIP	ALBUQUERQUE NM 87102	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	OVINGTON, JEFFREY	
STREET ADDRESS	600 CENTRAL S.W., 3RD FLOOR	
CITY-ST-ZIP	ALBUQUERQUE NM 87102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VITALE, PHIL	
STREET ADDRESS	600 CENTRAL S.W., 3RD FLOOR	
CITY-ST-ZIP	ALBUQUERQUE NM 87102	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 _____

CR2E034 (5/98)