

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004582 (2)

1. Corporation Name

LENDERS ASSOCIATES CORP.

Principal Place of Business

1025 S. SEMORAN BLVD., BLDG 1
SUITE 1093
WINTER PARK FL 32792

Mailing Address

900 CIRCLE 75 PARKWAY
SUITE 850
ATLANTA GA 30339
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 825 NW 13th Street		26 1165 Northchase Parkway		09/02/1994		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite 325		4. FEI Number		Applied For	
23 Gainesville		28 Marietta GA		58-1944012		Not Applicable	
24 32601		29 30067		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25 Alachua		30 USA		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
26 Alachua		31 USA		7. Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
27 Alachua		32 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		9. Yes 10. No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCOY, WILLIAM R 1025 S. SEMORAN BLVD. BLDG 1 SUITE 1093 WINTER PARK FL 32792				81 Name Steve O'Connor			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 825 NW 13th Street			
				84 City Gainesville FL 85 Zip Code 32601			

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

August 28, 1997

Signature of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	
1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE REQUIRED

August 28, 1997 (770) 953-4455

CR2E034 (4/97)