

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

DOCUMENT # **F95000005693**

1. Corporation Name

AUTOLEND IAP, INC.

Principal Place of Business

930 WASHINGTON AVE.  
4TH FLOOR  
MIAMI BEACH FL 33139  
US

Mailing Address

930 WASHINGTON AVE.  
4TH FLOOR  
MIAMI BEACH FL 33139

2. Principal Place of Business

21 1680 MICHIGAN Ave 26 1680 Michigan Ave.

Suite, Apt. #, etc.

22 Suite 701

2a. Mailing Address

27 Suite 701

Suite, Apt. #, etc.

28 MIAMI BEACH FL

City & State

23 MIAMI BEACH, FL

Zip Country

24 33139 25 DADE

City & State

28 MIAMI BEACH FL

Zip Country

29 33139 30 DADE

9. Name and Address of Current Registered Agent

PORTER, HELEN  
930 WASHINGTON AVE.  
4TH FLOOR  
MIAMI BEACH FL 33139

81 Name

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

83 SUITE 701

84 City MIAMI BEACH FL 85 Zip Code 33139

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	CCEO	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, STEVEN		1.2 NAME
STREET ADDRESS	930 WASHINGTON AVE., 4TH FLOOR		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP
TITLE	SCOO	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, HELEN		2.2 NAME
STREET ADDRESS	930 WASHINGTON AVE., 4TH FLOOR		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 Helen PORTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90207 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1995

4. FEI Number  
65-0541221

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

4/28/99 305-673-2700

Daytime Phone #