SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002603

BUSINESS LOAN CENTER, INC.

Principal Place of Business Mailing Address FILED Sep 20, 1999 8:00 am Secretary of State

09-20-1999 90007 034 ***550.00



645 MADISON AVENUE 18TH FLOOR NEW YORK NY 10023 US		645 MADISON AVENUE 18TH FLOOR NEW YORK NY 10023 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1997			
2 Principal B	lace of Business	2a. Mailing Address	*		4. FEI Number Applied For		
2. Principal Place of Business		26			13-3568801 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		S8.75 Additional			
22		27			5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution L	Added to Fees	
Zip 24	Country 25	Zip 29	Count 30	гу 	8. This corporation owes the current year Intangible Personal Property. Yes X No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				1 Name			
UNITED CORPORATE SERVICES, INC. 80 NE 167TH ST., #300			1	82 Street Address (P.O. Box Number is Not Acceptable)			
NORTH MIAMI BEACH FL 33162			-	3			
NORTH MIAMI BEACHTE SOIGE				3			
			Ε	4 City		FL 85 Zip Code	
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was tions of, section 607.0505, F	authorized Iorida Statut	by the corp es.	corporation submits this statement for the purpose coration's board of directors. I hereby accept the	of changing its registered appointment as registered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 13.				Agent signatu	ure required when reinstating) ADDITIONS/CHANGES TO OFFICER		
TITLE	PDC OFFICERS AND	DELETE	1.1 TITLI	:	CEO	Change Addition	
NAME	TANNENHAUSER, ROBERT F	☐ DEFE IE	1.2 NAM		CEO	Change Addition	
				- ET ADDRESS			
STREET ADDRESS	NEW YORK AND ADDOO				_		
CITY-ST-ZIP TITLE	T TORK NI 10022	DELETE	1.4 CITY 2.1 TITLI			Change Addition	
NAME	NAPIER. JENNIFER 22.2 NA				Goldsten, Jennifer	A Change Addition	
STREET ADDRESS	ALE MADIONA ALEMEN AND FLOOR			ET ADDRESS	Colds less 1 2 2	ļ	
	NEW YORK NY 10022	LOON	2.4 CITY				
CITY-ST-ZIP TITLE	S S	DELETE	3.1 TITLE			Change Addition	
NAME	REDLENEX, DAVID				Redlener, David		
STREET ADDRESS				- ET ADDRESS	redience , David		
NEW VODE AND ARRAN							
CITY-ST-ZIP TITLE	HEN TONK INT 10022	DELETE	4.1 TITLE	-	President .	Change Addition	
NAME		☐ Dereis	4.2 NAM		Langer Rudolph	LI Cliange LA Addition	
STREET ADDRESS				- et address	Leonard Rudolph 645 Hadism Ave, 191	hfl	
CITY-ST-ZIP			4.4 CITY	ST-ZIP	New York INY 10022		
		——————————————————————————————————————			1 1 1 1 1 1 1 1 1		

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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP 6.1 TITLE

5.1 TITLE

6.2 NAME 6 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

TITLE

NAME

DELETE

DELETE

9/2/99

ala 751 5626

Change

Change