

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 27 1998 8:00am
Secretary of State

DOCUMENT # L44861 (7)
1. Corporation Name
LUMBERMEN'S CREDIT ASSOCIATION OF ORLANDO, INC.



Principal Place of Business
701 E. COMMERCIAL BLVD.
4TH FLOOR
FT. LAUDERDALE FL 33334-3261
US

Mailing Address
701 E. COMMERCIAL BLVD.
4TH FLOOR
FT. LAUDERDALE FL 33334-3261
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2985318	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SALIBA, VANBUREN A. 701 E. COMMERCIAL BLVD 4TH FLOOR FT. LAUDERDALE FL 33334				81 Name	SALIBA, VAN A.
				82 Street Address (P.O. Box Number is Not Acceptable)	Same
				83	Same as to the Left
				84 City	SAME 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 VAN A. SALIBA PRESIDENT Van A. Saliba 4-16-98
Signature, typed or printed name of registered agent and to whom applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PDS
NAME	SALIBA, VANBUREN A.	1.2 NAME	SALIBA, VAN A.
STREET ADDRESS	701 E. COMMERCIAL BLVD, 4TH FLOOR	1.3 STREET ADDRESS	701 E. COMMERCIAL BLVD, 4TH FLOOR
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33334
TITLE	D	2.1 TITLE	T
NAME	BAKER, ROBERT J.	2.2 NAME	SALIBA, VAN A.
STREET ADDRESS	701 E. COMMERCIAL BLVD., 4TH FLOOR	2.3 STREET ADDRESS	701 E. COMMERCIAL BLVD 4TH FLOOR
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33334
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 an 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 Van A. Saliba 4-16-98 954-776-2100

CP2E034 (10/97)