
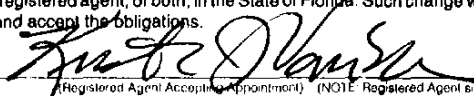
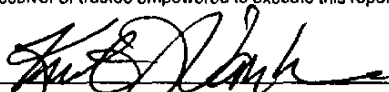


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILED 98 MAY -1 PM 12:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000191 MEDALLION MORTGAGE AND FINANCIAL SERVICES, L.C. 501 WEST HORATIO TAMPA FL 33606		1a. Principal Place of Business Address 3415 W. Cypress Street 501 WEST HORATIO TAMPA FL 33606 Tampa, FL 33607	
2. Principal Place of Business 3415 W. CYPRESS ST. Suite, Apt. #, etc.	2a. Mailing Address 3415 W. CYPRESS ST. Suite, Apt. #, etc.	3. Date Organized or Qualified 02/04/1997	3a. State of Formation FL
City & State TAMPA FLA	City & State TAMPA FLA	4. FEI Number 59-3417605	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33607	Country USA	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent VAN NESS, KENNETH 501 WEST HORATIO TAMPA FL 33606		8. Name and Address of New Registered Agent/Office Name VANNESS KENNETH Street Address (P.O. Box Number is Not Acceptable) 3415 W. CYPRESS ST. Suite, Apt. #, etc. City TAMPA. Zip Code FL 33607	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE  DATE _____ (Registered Agent Acceptance Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	VAN NESS, KENNETH	3415 W. CYPRESS ST. TAMPA FLA 3 501 WEST HORATIO	TAMPA FL 33607
MEM	MIDVALLEY MORTGAGE,	701 N HERCULES AVE, #C	CLEARWATER FL
MEM	CRISP, ROBERT	3415 W. CYPRESS ST.	TAMPA FLA 33607
			000002519960-3 -05/12/98-01034-002 ****188.75 ****188.75 dlc

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:



SIGNATURE AND TYPE IN PRINT NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/29/98 (813)353-9999

Date

Daytime Phone #