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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P37313

(4)

LENDCO FINANCIAL SERVICES, INC.

Principal Place	e of Business	Mailing Address				
20970-C WARNER CTR LANE		20970-C WARNER CTR LANE		,		
WOODLAND HILLS CA 91367		WOODLAND HILLS CA 91367-6527		1		
US		US	US		3. Date Incorporated or Qualified	3a. Date of Last Report
					01/30/1992	02/09/1996
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		58-1975734	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Cerbicate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	├ ŋ	Zip Country		8. This corporation has liability for	
24	25 29 30 9. Name and Address of Current Registered Agent		30	Florida Statutes Yes No 10, Name and Address of New Registered Agent		
		it Hegistered Agent		81 Name	10. Name and Address of New He	Sistered Wallt
C I CORPURATION SYSTEM						
1200 SOUTH PINE ISLAND ROAD				82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
PLANTATION FL 33324			}	B3		
				0-3	<u>'</u>	
				84 City		85 Zip Code
FL 101 EP 0000 .						
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 Standarde, typed or printed name of registered agent and tritle if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed name of registered ago OFFICERS AN		13.	Agent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE .	PD	DELETE	1.1 10	LF T	ADDITIONO/OFFICE TO OFFIC	Change Addition
NAME	DERSKEN, BRUCE L	<u> </u>	1.2 NA			
STREET ADORESS	20970-C WARNER CTR LANE			REET ADDRESS		
CITY-ST-ZIP	WOODLAND HIL;LS CA			TY-ST-ZIP		
THILE	TD	DELETE	2.1 Tr			Change Addition
NAME	BENDER, KAREN		2.2 NA			
STREET ADORESS	20970-C WARNER CTR LANE			reet address		
CITY-ST-ZIP	WOODLAND HILLS CA		•	TY-ST-ZIP	- 1	
TITLE	SD DELETE		3.1 10	·		Change Addition
NAME	DERSKEN, SUSAN L		3.2 N	ME		
STREET ADDRESS	20970-C WARNER CTRE LANE		33 ST	REET ADDRESS		
CITY-ST-ZIP	WOODLAND HILLS CA			TY-ST-ZIP		
TITLE		DELETE	4.1 TI	· · · · · · · · · · · · · · · · · · ·	 	Change Addition
NAME			4.2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-7IP			44 CI	TY-ST-ZIP		
TITLE		DELETE	5 1 TI	TLE		Change Addition
NAME			5.2 N	ME		
STREET ADDRESS			5.3 \$1	REET ADDRESS		
CITY-S1-ZIP			5.4 CI	TY-ST-ZIP		
THLE		DELETE	6.1 TI	TLE		Change Addition
NAME		y	6.2 N/	ME		
STREET ADDRESS			6.3 \$1	REET ADDRESS		
CHTY-ST-7IP				TY-ST-ZIP		
14. I do herek	by certify that the information supplie on indicated on this angual report or s	d with this filing does not qua	lify for the	exemption state	id in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg	es. I turther 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.						

FILED

Jan 31 1997 8:00am

Secretary of State