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**PROFIT CORPORATION** ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 27 1998 8:00am Secretary of State

rinoi	CAPITAL LENDING CORP.	•			
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	- I IURAKURI NU TUIDO IIAK URAK OONI OONI OONI 90	
•					
12820 KENWOOD LN SUITE 4		12820 KENWOOD LN Suite 4			
FT MYERS FL 33907		FT MYERS FL 33907		DO NOT WRITE IN THIS SPACE	
U\$		US		3. Date Incorporated or Qualified	
				01/25/1993	
<del>-</del>	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0384142	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
City & State		City & State		a Flastina Campaign Financina	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25	29	30	Personal Property Tax due June 30.	
	g. Name and Address of Curr	11		10. Name and Address of New Regist	
E) (	OYD, EDWARD R		81 Name		
12820 KENWOOD LN			82 Street Add	dress (P.O. Box Number is Not Acceptable)	······································
SUITE 4			02 Street Aut	dress (F.O. DOX Nullinger is Not Acceptable)	
	MYERS FL 33907		83	***	
			94 05.		les Zin Codo
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0	1502 and 607.1508, Florida Statu	utes, the above-named co	rporation submits this statement for the purp	ose of changing its registered
office or r agent. I a SIGNATURE	am familiar with, and accept the ob	ligations of, Section 607,0505, F	lorida Statutes.	rporation submits this statement for the purp- ation's board of directors. I hereby accept th	
agent. I a SIGNATURE	am familiar with, and accept the ob-	agent and title if applicable (NC	-Torida Statutes. DTE: Registered Agent signature req	juired when reinstating) C	DATE
agent. I a SIGNATURE  12.	am familiar with, and accept the ob- Signature typed or printed name of registered OFFICERS A	agent and title if applicable (NC AND DIRECTORS	TE: Registered Agent signature requests.	juired when reinstating) C ADDITIONS/CHANGES TO OFFICER	DATE S AND_DIRECTORS IN 12
agent. I a SIGNATURE  12. TITLE	Signature typed or printed name of registered  OFFICERS A	agent and title if applicable (NC	OTE: Registered Agent signature request.  13. 1.1 TIFLE	ulred when reinstating) c ADDITIONS/CHANGES TO OFFICERS P	DATE
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AGENTURE  12.  TITLE  NAME  STREET ADDRESS	Signature typed or printed menie of registered OFFICERS A P FLOYD, EDWARD R 1422 BRAMAN AVE	agent and title if applicable (NC AND DIRECTORS	TE. Registered Agent signature request.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS  P Floyd, Edward R 422 Seaworthy Rd.	S AND DIRECTORS IN 12  Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	Signature typed or printed name of registered OFFICERS A P FLOYD, EDWARD R	agrent and latte if applicable (NC AND DIRECTORS DELETE	TE: Registered Agent signature request.  13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFICERS  P Floyd, Edward R 422 Seaworthy Rd.	S AND DIRECTORS IN 12  Change Addition
Agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	Signature typed or printed menie of registered OFFICERS A P FLOYD, EDWARD R 1422 BRAMAN AVE	agent and title if applicable (NC AND DIRECTORS	TE. Registered Agent signature required at 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS  P Floyd, Edward R 422 Seaworthy Rd.	DATE S AND_DIRECTORS IN 12
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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 or a statute 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 or a statute or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

Edward R Floyd

4/17/98

(941) 277-9244