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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000022537 (3)

LLOYD FUNDING, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

21

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23

Principal Place of Business

900 W. OAKLAND PARK BLVD.
SUITE 100
FT. LAUDERDALE FL 33311

Principal Place of Business

900 W. OAKLAND PARK BLVD.
SUITE 100
FT. LAUDERDALE FL 33311

FT. LAUDERDALE FL 33311

Country

## FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 03/19/1993

65-0395606

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

,	9. Name and Address of Current Registered Agent	<u> </u>			10. Name and Address of New Registered Agent
FOX & AMARAL, P.A.			81 1	Name	10 and marrood of their indistring Marin
621 NW 53RD ST.					
SUITE 370			82 5	Street A	ddress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33487			83		
ВО	ON TINION 1 E 30401				
		1	84 (	City	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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age				signature re	quired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITL	TITLE		☐ Change ☐ Addition
NAME	LIEBLICH, SAM	1.2 NAME			
STREET ADDRESS	383 KINGSTON AVE. (STE. 102)	1.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP	BROOKLYN NY 11213	1.4 CITY - ST - ZIP		(IP	
TITLE	DELETE	2.1 TITLE		-	☐ Change ☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDE		DRESS	4
CITY-ST-ZIP		2. 4 CITY - ST - 2		ZIP	
TITLE	☐ DELETE	3.1 TITLE		ļ	Change Addition
NAME		3.2 NAME		İ	
STREET ADDRESS		3.3 STREET ADDRESS		DRESS	
CITY - ST - ZIP		3.4. CITY-ST-ZIP		ZIP	
TITLE	DELETE	4.1 TITLE			Change Addition
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADD		DRESS	
CITY-ST-ZIP		4.4 CITY	-ST-ZI	IP	
TITLE	DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAM	E		
STREET ADDRESS		5.3 \$TRE	ET ADD	DRESS	
CITY-ST-ZIP		5,4 CITY	-ST-ZI	IP	
TITLE	☐ DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAM	ξ		
STREET ADDRESS		6.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP		6.4 CITY			
14. I hereby certify that the information supplied with this filling 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 eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in					

Country