FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000036963 (5) DOCUMENT # 1. Corporation Name

SERVI	CO LENDING , INC.								
Principal Place	of Business	Mailing Address	Mailing Address			t innition (to think title fact) and	11 6 5 1 11 7 7 1 1 1 1	A GIALM 1816	D MAINEN SPEEL LÄNDS
1601 BELVE WEST PALM	dere RD. I Beach FL 33406		1601 BELVEDERE RD. WEST PALM BEACH FL 33406						
						3. Date Incorporated or Qualified 05/21/1993	3a. Date o	of Last Re /27/199	
	ace of Business	~	2a. Mailing Address			4. FEI Number Applied For 65-0485190 Not Applied by Not Applicable			Applied For
21		26	·			The Application			
Suite, Apt. (27	· 			5. Certificate of Status Desired	ficate of Status Desired S8.75 Additional Fee Required		
City & State)	City & State	<u>├</u> ¬			6. Election Campaign Financing \$5.00 May Be			
23		28				Added to Fees			
Zip	Country	Zip	_ ·			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
24	25 9. Name and Address of Cu	29 Registered Agent	30			10. Name and Address of New Registered Agent			
9, Name and Address of Current Registered Agent					Name	10. Name and Adoress of New F	registered A	jent	
PAI MAS	REILLO, JOAN			81 82					
1601 BELVEDERE RD.					Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
STE 501 SOUTH							-		
	M BCH. FL 33406								
******				84	City		FL	85 Zip	Code
11. Pursuant to or registers with tamiliar with	to the provisions of Sections 607.6 ed agent, or both, in the State of th, and accept the obligations of	0502 and 607.1508, Florid Florida Such change was	a Statutes, the a authorized by th	above-r ie corp	anied corpor oration's boa	ration submits this statement for the purid of directors. Thereby accept the app		LL ging its re egistered	egistered office agent. I am
	ir, and accept the conganons of,	aestion 607.0505, rionga	Statutes.						
SIGNATURE _	Signature, typed or printed name of regularised	agent and total dapplicable	(NOTE Flegisti	ered Agen	Laignati re requiro	id where reinstatings	DATE		
12.		AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFF	ICERS AND [)IRECTO!	RS IN 12
TITLE	CEO	🕱 DEL	ETE 1	1 TITLE				Change	Addit:on
NAME	HAWTHORNE, DAVID		1	1.2 NAME					
STREET ADDRESS 1601 BELVEDERE ROAD SU			1	13 STREET ADDRESS					}
CITY-ST-ZIP	WEST PALM BEACH FL			4 CHY-S	I - ZIP				
TITLE	PCO DELETE			1 TITLE				Change	☐ Addition
NAME	BUDDEMEYER, DAVID	ALIEN	2	2 NAME					
STREET ADDRESS	1601 BELVEDERE ROAD		2	3 STREET	ADDRESS				
CITY - ST - ZIP	WEST PALM BEACH FL			4 CITY - S	I - ZIP				
TITLE	VCFO	DEL	ETE 3	1 TITLE				Change	Addition
NAME	KNIGHT, WARREN	CHITTE FAL COLITH	3	2 NAME					
STREET ADDRESS	1601 BELVEDERE ROAD		. 3	3 STREET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL: VAS			4 CITY - S	Γ - Zi-P	80000+7	995.	-0	
TITLE		DEL		1 TITLE		8000017 -04/17/9601	02703		☐ Addition
NAME STORE LABORESS	RUFFIN, ROBERT ESS 1601 BELVEDERE ROAD SUITE 501 SOUTH			4 2 NAME		***2200.00	· UL		
WEST DAILS SEASON EL SOAS				4.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·			
CITY - ST - ZIP TITLE	V DELETE			4.4 C/TY-ST-Z/P 5 1 TITLE				Charan	- Balaisia a
NAME	MCCAULEY, RONALD E	[] UEL	I -				Ц	Change	Addition
	1601 BELVEDERE ROAD	SHITE 501 SOLITH	_	2 NAME					
STREET ADDRESS	WEST PALM BEACH FL			3 STREET					
CITY+ST+ZIP TITLE	TAS	DEL		4 CITY - S 1 T:TLE	1 - ZIP			Change	- Iddition
IIILL	1770	L DEC		CHILL	- 1			Change	Addition

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal effect as if made under oath; that I am an officer or director of the comparation or true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

HALE, PHILLIP

1601 BELVEDERE ROAD SUITE 501 SOUTH

WEST PALM BEACH FL 33406

SIGNATURE: PHILLIP HAT SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PHILLIP HALE, TREASURER

4/15/96 Dahe

407-689-9970

Daytinie Phone ir