2-2-95 P-7876-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:17

DOCUMENT # **P93000051672 (2)**

1. Corporation Name
PRIME LENDERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5084 FT LAUDERDALE FL 33310	P.O. BOX 5084 FT LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/1993
3a. Date of Last Report: 03/01/1994

4. FEI Number: 65-0426192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3511 W. Commercial Blvd.	26 3511 West Commercial Blvd.
Suite, Apt. #, etc. 22 Suite 302	Suite, Apt. #, etc. 27 Suite 302
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale FL
Zip / Country 24 33309 / 25 Broward	Zip / Country 29 33309 / 30 U.S.A.

9. Name and Address of Current Registered Agent

GORDON, GLENN A
3511 W COMMERCIAL BLVD
STE 230
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

01 Name: Gordon, Glenn A.
02 Street Address (P.O. Box Number is Not Acceptable): 3511 W. Commercial Blvd.
03: Suite 302
04 City: Ft. Lauderdale FL 05 Zip Code: 33309

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: Glenn A Gordon 1/29/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, GLENN A	1.2 NAME	
STREET ADDRESS	P.O. BOX 5084 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33310	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: Glenn A Gordon 1/29/95 305-731-8668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240002 CP