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 MAR 13 AM 11:59

DOCUMENT # P94000002125 (0)

1. Corporation Name
THE LENDING COMPANY, INC.

Principal Place of Business	Mailing Address
2151 NE 155TH STREET N. MIAMI BEACH FL 33162	2151 NE 155TH STREET N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-1460888 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOFARO, LARRY
NOMIS BUSINESS INC.
2151 NE 155TH STREET
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	KOWOLSKY, MICHAEL	1.2 NAME	MICHAEL KOWALSKY	
STREET ADDRESS	9637 BELFORT CIRCLE	1.3 STREET ADDRESS	9637 BELFORT CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33271	1.4 CITY-ST-ZIP	TAMARAC FL 33271	
TITLE		2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		2.2 NAME	LAWRENCE LOFARO	
STREET ADDRESS		2.3 STREET ADDRESS	1400 Ocean Blvd. Apt. 1402	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE		3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		3.2 NAME	ILYA PALINSKY	
STREET ADDRESS		3.3 STREET ADDRESS	2315 FISHER ISLAND DRIVE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FISHER ISLAND, FL 33109	
TITLE		4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		4.2 NAME	ABRAHAM SABO	
STREET ADDRESS		4.3 STREET ADDRESS	19195 Mystic Pointe Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	No Miami FL 33180	
TITLE		5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		5.2 NAME	SZYMON TROJECKI	
STREET ADDRESS		5.3 STREET ADDRESS	2041 N.E. 214TH STREET	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
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)(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 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: _____ 3-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176031 CP