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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000002125 (0)

1. Corporation Name
THE LENDING COMPANY, INC.



Principal Place of Business

2612 NW 35TH STREET
MIAMI FL 33142
US

Mailing Address

2612 NW 35TH STREET
MIAMI FL 33142-5269
US

2. Principal Place of Business

21 ~~5801 BISCAYNE BLVD~~
Suite, Apt. #, etc.

22 City & State
~~MIAMI, FL 33137~~

23 Zip
~~33137~~

24 Country
~~US~~

2a. Mailing Address

26 ~~5801 BISCAYNE BLVD~~
Suite, Apt. #, etc.

27 City & State
~~MIAMI, FL~~

28 Zip
~~33137~~

29 Country
~~US~~

3. Date Incorporated or Qualified
01/10/1994

3a. Date of Last Report
03/12/1996

4. FEI Number
65-1460888

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

9. Name and Address of Current Registered Agent

LOFARO, LARRY
NOMIS BUSINESS INC.
2812 NW 35TH STREET
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KOWOLSKY, MICHAEL
STREET ADDRESS 9637 BELFORT CIRCLE
CITY-ST-ZIP TAMARAC FL ☐ DELETE

TITLE D
NAME LOFARO, LAWRENCE
STREET ADDRESS 1400 OCEAN BLVD., APT 1402
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE D
NAME PALINSKY, ILYA
STREET ADDRESS 2315 FISHER ISLAND DR.
CITY-ST-ZIP FISHER ISLAND FL ☐ DELETE

TITLE D
NAME SABO, ABARAHAM
STREET ADDRESS 19195 MYTLE POINTE DR.
CITY-ST-ZIP NO. MIAMI FL ☒ DELETE

TITLE D
NAME TROJECKI, SZYMON
STREET ADDRESS 2041 NE 214TH STREET
CITY-ST-ZIP N. MIAMI BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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, changed or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)