

FEE NOW: FILING FEE AFTER MAY 1ST IS \$300.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90180 050 ***150.00

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|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000002125

1. Corporation Name

THE LENDING COMPANY, INC.

Principal Place of Business

2812 NW 35TH STREET
MIAMI FL 33142
US

Mailing Address

2812 NW 35TH STREET
MIAMI FL 33142
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

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 **ILYA PALINSKY**
82 Street Address (P.O. Box Number is Not Acceptable) **2812 NW 35TH ST.**
83 **Miami FL 33142**
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 reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOWOLSKY, MERYL | 1.2 NAME | |
| STREET ADDRESS | 9637 BELFORT CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 1.4 CITY-ST-ZIP | |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOFARO, LAWRENCE | 2.2 NAME | |
| STREET ADDRESS | 1400 OCEAN BLVD., APT 1402 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALINSKY, ILYA | 3.2 NAME | |
| STREET ADDRESS | 2315 FISHER ISLAND DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FISHER ISLAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TROJECKI, SZYMON | 4.2 NAME | |
| STREET ADDRESS | 2041 NE 214TH STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ILYA PALINSKY** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99