FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400054409 (5)

PRIVATE LENDING GROUP, INCORPORATED

Principal Place of Business Mailing Address 917 7TH AVENUE 917 7TH AVENUE VERO BEACH FL 32960 VERO BEACH FL 32960-5991									
						3. Date Incorporated or Qualified 07/21/1994		ate of Last 22/1996	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		\ 	Applied For
Suite. Ap		26 Suite, Apl. #, etc.				65-0505014			Not Applicable Additional
22	n #, too	27				5. Certificate of Status Desired			Required
City & Sh	a*C	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Ž(ρ	—	untry	?	8. This corporation has liability for i	ntangible] Yes [s. 199.032,
24	25 9. Name and Address of Curre	29 ent Registered Agent	30	1	J	Florida Statutes 10. Name and Address of New Re			
w	ISEMAN, CHARLES F		***************************************	81	Name			-	
917 7TH AVENUE				20	<u> </u>	(0.0 D. N.) - (-) N. (-)			
VERO BEACH FL 32960				82	Street Ac	ess (P.O. Box Number is Not Acceptable)			
}				83					
				84	City			85 Zir	Code
				Ι.]	orporation submits this statement for the p	<u>FL</u>		
SIGNATURE	Stp. alars, typed or ported name of registered at OF FICERS AI	ND DIRECTORS	13.		eni signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND		
1111	D D	DELETE		TITLE				Change	: Addition
NAME	WISEMAN, CHAPLES F			NAME					
STREET ADORES!	VERO BEACH FL 32963			DITY-S	ADDRESS				
10(f	D	DELFTE		TITLE	51-217			Change	Addition
NAVr	WISEMAN, MARY E		2.21	NAME					
STREET ADDRESS	1130 PEGASUS PLACE		23:	STREET	TADORESS]				
CHTY - ST - ZIP	VERO BEACH FL 32963		2 4	ÇITY-	ST-ZIP				
TOLE		☐ DELETE	31	TITLE	ļ			Change	Addition
NAME				NAME					
STREET ADDRESS	S		1		ADDRESS				
CHY-ST ZIP		DELETE		GITY :	ST-ZIP			Change	Addition
NAME				NAME	-			C on any	
STREET ADDRESS	5		- 1		r address				
City - St - ZiP			1		ST-71P				
7015		DELETE	***************************************	TATLE			7	Change	Addition
NAM:			5.2	NAME					
STREET ADDRESS	\$		53:	STREET	TADORESS				
CHY-ST-ZF					ST-ZIP				
1010.6		☐ DELETE		TITLE	1			Change	Addition
NAM:				NAME					
STREET AFORES	o 1		6.3	CTDCC1	T ADDRESS				

SIGNATURE:

CITY+ST 20

14. It do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this information supplied with this report and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the exemption of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this report and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the exemption of the exemption

FILED

Apr 01 1997 8:00am

Secretary of State