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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000069572 (3)

OTAMING LEADING CONFORMION						
Principa: Place of Business	Mailing Address					
4214 NW 60TH DRIVE BOCA RATON FL 33496 US	4214 NW 60TH DRIVE BOCA RATON FL 33496 US					

FILED Apr 21 1998 8:00am Secretary of State

CHANN	IING LENDING CORPORAT	ION			
Principa: Plac	e of Business	Mailing Address		L SOURCE SIDE INTELLEMENT AND IN ADDITIONAL ORDER	Bilið iniði niffi (þólg liki inni
4214 NW 60TH DRIVE BOCA RATON FL 33496 US 4214 NW 60TH DRIVE BOCA RATON FL 33496 US			DO NOT WRITE IN TH 3. Date incorporated or Qualified	IS SPACE	
				09/19/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	PGA BIVO.	26 3300 PG	A BIND	65-0521891	Not Applicable
Suite, Apt 22 550	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			۴L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33 4	Country 25 USA	^{Ζιρ} 334/ο	Country 30 USA	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Curre			10. Name and Address of New Registers	ed Agent
CO	BER CORPORATE AGENTS INC		81 Name		
	01 SO. BAYSHORE DIRVE 19TH		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIA	AMI FL 33133				
			83		
			84 City	-	85 Zip Code
					L 83 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statute ⊝of Florida, Such change was at liations of Section 607.0505. Flor	s, the above-named corp uthorized by the corpora rida Statutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of chariging its registered appointment as registered
SIGNATURE		,			
SIGNATIONE	Signature, typed or printed name of regulated ag		Registered Agent signature requi		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
JULE	DCP	☐ DELETE	1 1 TITLE		Change Addition
NAME	CHANNING, JOEL B 4214 NW 60TH DRIVE		1.2 NAME		
STREET ADDRESS	BOCA RATON FL		1.3 STREET ADDRESS		
CITY-S1-ZIP TITLE	DVPS	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	CHANNING, JON H		2.2 NAME		
STREET ADDRESS	4214 NW 60TH DRIVE		2.3 STREET ADDRESS		
CITY-S1-ZIP	BOCA RATON FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		F APLEY	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME .			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY - ST - ZIP 61 TITLE		Change Addition
NAME		C) otten	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		į
CITY-ST-ZIP					
	certify that the information supplied w	with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i) Florida Statutes, I further	certify that the information

rinerety command interinformation supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental influed 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 processor or tystee 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 an address.

SIGNATURE: