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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

FILED

Jul 23 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085529 (3)

LENDERS FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address 1001 W CYPRESS CREEK DR 1001 W CYPRESS CREEK RD **STE 408** STE 408 DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 UŜ 3. Date Incorporated or Qualified 11/23/1994 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0535798 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Ω**V**Nο 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RATHBURN, PATRICIA A 100 NE THIRD AVE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 900 83 FT LAUDERDALE FL 33301 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1,1 TITLE TITLE YAGODA, FRANCINE 1.2 NAME NAME 7451 NW 21ST ST 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 33063 1.4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE YAGODA, WILLIAM 2.2 NAME NAME 7451 NW 21ST ST STREET ADDRESS 2.3 STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 31 HILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-SI-7IP Change Addition DELETE TITL€ 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of 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 changes, or on an attachment with an address.