FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name P95000048431 (7)

-- PREMIER LENDING-CORPORATION

NC 124185 South Florida Residential Lending Corporation

Principal Place of Business

1690 \$ CONGRESS AVE SUITE 102

1690 S CONGRESS AVE SUITE 102



DELRAY BEACH FL 33445 DELRAY BEACH F			33445			
····				3. Date Incorporated or Qualified 3a. Date of Last F 06/21/1995	Report	
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
21 26			US - 0584473 Not Ap			
22 27		Suite, Apt. #, etc.		- Considere of Stricts Desired	5 Additional Required	
City & State City & State				Election Campaign Financing \$5.00 May		
23		28		Ψ3.0	ed to Fees	
Ζιρ 24	Country	Zip	Country	8. This corporation has liability for intangible tax under s		
24	25	[29]	30	Florida Statutes 🔲 Yes 🔲 No		
	9. Name and Address of Curre	nt Hegistered Agent		10. Name and Address of New Registered Agent		
BD4C144	AL HOWARD I		81 Name			
Brafman, Howard J 7900 Miami Lakes Drive West			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
* MIAMI L	AKES FL 33016		83			
			84 City	lar 7	- Cada	
44 0	A		'		p Code	
or registeri	o the provisions or Sections 607,050 ed agent, or both, in the State of Flor n, and accept the obligations of, Sec	∠ and 607.1508. Horida Sta i.fa. Such change was autho tion 607.0506. Ekwid s St. # .	lutes, the above-named corp inzed by the corporation's bo los	ioration submits this statement for the purpose of changing its i pard of directors. Thereby accept the appointment as registered	registered office diagent. Lam	
SIGNATURE	,	See 155 1.50 Stor, 1 Texterial Great	es.	_	Ü	
12.	Signature, typed or printed has a confegence of age.		(NOTE: Flegistate : Apont signature resp.			
TITLE	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12	
	•	☐ DELETE		D/P Change	Addition	
NAME MERYER, THOMAS H STREET ADDRESS 7900 MIAMI LAKES DR W			1.2 NAME			
				• • • • • • • • • • • • • • • • • • •		
CITY-ST-2IP TITLE	MIAMI LAKES FL 33016		1.4 C-TY - ST 7:P	Mami Lakes, FL 33016		
NAME		DEFE LE	5.1 LHTE	Change	Addition	
STREET ADDRESS 1690 S CONGRESS AVE SUITE 102			2.2 NAME	I I I I I I I I I I I I I I I I I I I		
			2.3 STREET ADDRESS	in in the manifest of the process		
CITY-ST-ZIP TITLE	DELRAY BEACH FL 33445		2.4 CHTY - ST - ZIP	Delray Beach, FL 33445		
		DELETE	3 : TOTLE	☐ Change	Add tion	
NAME			3.2 NAME	bratman, Howard J.	•	
STREET ADDRESS			3.3 STHEET ADDRESS	1900 Miami Lakes Drive West		
CITY-S1-ZIP				Miami Lakes, FL 33016		
TITLE		DELETE	4 1 TITLE	☐ Change	Addition	
NAME			4.2 NAM£			
STREET ADDRESS			4.3 STREET ADDRESS			
CłTY-ST-ZIP			4.4.011 Y - S7 - ZIP 5.1.11(LE			
TITLE	L. Detti			Change Addition		
NAME			5.2 NAME	-11		
STREET ADDRESS			5.3 STREET ADDRESS	>1114	'Ca	
CITY - ST - ZIP			5.4 CITY - ST - ZIP		٣	
TITLE		☐ D£ LFTE	6 1 TITL€	Change	Addition	
NAME			6.2 NAME	80000184068 -05/28/9601031002	•	
STREET ADDRESS			63 STREET ADDRESS	***500.08 00/50/30~-01031~-005		
CITY-ST-ZIP			€ 4 CiTY - ST - ZIP	·		
certify that it oath; that it appears in I	ceruly that the information supplied in the information indicated in this arm, am an officer or director if the corpo Block 2 or Block 13 changed, op	with this filing is voluntarily full fall report or supplemental ar ration or the receive or trus of an attachment with an ad	mished and does not qualify inual report is true and accur ee empowered to execute tr dress	for the exemption stated in Section 119.07(3)(k), Florida Statute ate and that my signature shall have the same legal effect as if his report as required by Chapter 607, Florida Statutes, and that	es. I further made under It my name	

SIGNATUR

4/26/1/6 (305) 870-3477