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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

## **FILED** Sep 23, 1999 8:00 am

ANN	JAL REPORT		Secretar	y of State	_		Seci	retary	v ot	Sta	te	
	1999	Switz .	DIVISION OF (	DIVISION OF CORPORATIONS			09-23-1999 90001 023 ***158.75					
1. Corporatio	MENT # P	•										
Financial Automotive Lending, Inc. 708 W. Cakland Park Blud. Suite A						618929 - 90001 - 23						
<i>F</i> +.	Lauderda e of Business	le,FL 3	331/									
Principat Plac	e of Business	0 1 01 1	Mailing Address	Park Blud.	1							
708 West OAKland Park Blud 708 WOAKland Park Blud. Suite A						DO NOT WRITE IN THIS SPACE						
-						3. Date Incorporated or Qualifed						
Ft. Lauderdale F133311							e 1	9 199	5			
2. Principal P	Place of Business		2a. Mailing Address	Φ.,		4. FEI Numb	er			<del> </del>	plied For	
21 708 1	V. OAKland	HANK Blud	26 708 W.OAK	Land lakk L	31vel.	<u>65-</u>	<u>05 9</u>	1432		<del></del>	ot Applicable	
Šuite, Apt. 22 كىد	#, etc.		Suite, Apt. #, etc.  27 Suite A			5. Certifcate	of Status	Desired	K)	\$8.75 / Fee Re		
City & Stat	te auder dele	F( 33311	City & State  28 Ft. Lauder	dale FL		6. Election C Trust Fun	, ,			\$5.00 Added	May Be to Fees	
Žip 24 333	Cour	itry	Zip 29 <i>333//</i>	Country 30 USA		8. This corp Personal		ves the current Tax.		gible <b>Z</b> IYes	□No	
	9. Name and Add		egistered Agent			10. Name an	d Addres	s of New Reg	istered Aç	gent		
,	. 0	• .		81 Name								
7	ouis Ca	RRIO	PARK Blud	82 Street	Address	s (P.O. Box N	umber is	Not Acceptable	∍)	_		
70	08 West C	DAKland I	ARK DIVE	83								
·	Suite A			83								
Suite A  Ft. Lauderdale, FL 33311  8									FL		Code	
11. Pursuant	to the provisions of Se	ections 607.0502 at	nd 607.1508, Florida Statut Torida. Such change was a	es, the above-named uthorized by the corpo	corpora oration's	ation submits to s board of dire	his stater ectors:-I-h	nent for the pu ereby accept ti	rpose of ch he appoints	nanging its ment as re	registered gistered	
agent. I a	am familiar with, and a	cept the obligation	s of, Section 607.0505, Flo	rida Statutes.				•				
SIGNATURE	Clark		d title of applicable. (NOTE	Registered Agent signature n	lw heniuner	hen reinstating)			DATE	_		
12.	Signature, typed or printed na	OFFICERS AND		13.	04000		S/CHANC	SES TO OFFIC		DIRECTO	ORS IN 12	
TITLE			☐ DELETE	1.1 TITLE	ρ					Change	Addition	
NAME				1.2 NAME		is CAR	RiO	. 7	-			
STREET ADORESS				1.3 STREET ADDRESS	26	yı mi	LLER	court				
CITY-ST-ZIP				1.4 CITY-ST-ZIP	u	leston	, FL	3333	ユ			
TITLE			☐ DELETE	2.1 TITLE						Change	Addition	
NAME				2.2 NAME								
STREET ADDRESS	1			2.3 STREET ADDRESS								
CITY-ST-ZIP	<u> </u>		☐ DELETE	2.4 CITY-ST-ZIP						Change	Addition	
TITLE	İ		□ DELE1E	3.1 TTLE								
NAME				3.2 NAME 3.3 STREET ADDRESS								
STREET ADDRESS				3.4. CITY-ST-ZIP								
CITY-ST-ZIP TITLE	<del>                                     </del>	· · · = · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE						Change	☐ Addition	
NAME			<del>_</del>	4, 2 NAME								
STREET ADDRESS				4.3 STREET ADDRESS								
CITY-ST-ZIP				4.4 CITY-ST-ZiP								
TITLE	_		☐ DELETE	5.1 TITLE						Change	Addition	
NAME				5.2 NAME								
STREET ADDRESS	s			5.3 STREET ADDRESS								
CITY-ST-ZIP	1				i .							
TITLE	<del>                                     </del>		<del>_</del> _	5.4 CITY-ST-ZIP	<b>├</b>				· · ·		☐ A J J:A:	
,			☐ DELETE	6.1 TITLE						Change	Addition	
NAME			☐ DELETE							Change	Addition	

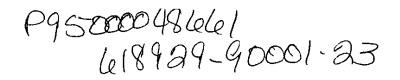
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-565-4606

## FINANCIAL **AUTOMOTIVE** LENDING, INC.



September 15, 1999

Florida Department of State **Divisions of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Attn: Michelle Milligan **Document Specialist** 

**Divisions of Coporations** 

Dear Ms. Milligan,

Pursuant to our telephone conversation today, I am sending the Annual Report for Financial Automotive Lending, Inc. Ref. Number P95000048661 located at 708 West Oakland Park Blvd. Suite A, Ft. Lauderdale, FL33311. We are asking that the State of Florida please drop the filing penalties of \$300.00, as we never received the original form in the mail or any notice thereafter.

Please advise us of your decision. I am including a check for \$158.75 along with the Annual Report form completed that you previously mailed to us.

Sincerely

Louis Carrio

Enclosure: