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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000066500** (6)

LOAN IMPROVEMENT CENTER, INC.

Principal Place of Business Mailing Address 552 HOLBROOK CIRCLE 1180 SPRING CENTER SOUTH BLVD LAKE MARY FL 32746 SUITE 206 DO NOT WRITE IN THIS SPACE ALTAMONTE SPRSINGS FL 32714 3. Date Incorporated or Qualified 08/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-3332419 21 Suite, Apt. #, etc. Suite, Apt #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 25 Personal Property Tax due June 30. 28 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name BELLAMAH, DANNEL J 552 HOLBROOK CIRCLE 62 Street Address (P.O. Box Number is Not Acceptable) **LAKE MARY FL 32748** 83 Zip Code RΔ City 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE POVT 11 TITLE Bellamah, Daniel J 12 NAME NAME 552 HOLBROOK CIRCLE 1.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL 1.4 C(TY-ST-2(P CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITL F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE ☐ Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C(TY - \$1 - ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME

the information

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 register or vusies 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 attraction with an address.

6.3 STREET ADDRESS

CR2E034 (10/97)

FILED

Feb 02 1998 8:00am

Secretary of State