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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 21 1996 8:00 am  
Secretary of State

DOCUMENT # P95000083101 (2)

1. Corporation Name

CAPITAL LENDING CORP.



Principal Place of Business

Mailing Address

2490 N FEDERAL HIGHWAY  
POMPANO BEACH FL 33064

2490 N FEDERAL HIGHWAY  
POMPANO BEACH FL 33064

2. Principal Place of Business

2a. Mailing Address

21 24 NE 24TH AVENUE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 POMPAÑO BEACH, FL.

28 POMPAÑO BEACH, FL.

24 Zip 33062

25 Country US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

4. FEI Number

65-0627451

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5355 TOWN CENTER ROAD

83

84 City

FL

85 Zip Code

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 KEITH GOLDBAUM

Signature, typed or printed name of registered agent, and true if applicable

(NOTE: Registered Agent signature required when not changing)

2-13-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GERARDI, VINCENT  
STREET ADDRESS 2490 N FEDERAL HIGHWAY  
CITY-ST-ZIP POMPAÑO BEACH FL 33064 ☐ DELETE

TITLE STD  
NAME MANFREDONIA, SALVATORE  
STREET ADDRESS 2490 N FEDERAL HIGHWAY  
CITY-ST-ZIP POMPAÑO BEACH FL 33064 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME GERARDI, VINCENT  
1.3 STREET ADDRESS 24 NE 24TH AVENUE  
1.4 CITY-ST-ZIP POMPAÑO BEACH, FL. 33062 ☒ Change ☐ Addition

2.1 TITLE STD  
2.2 NAME MANFREDONIA, SALVATORE  
2.3 STREET ADDRESS 24 NE 24TH AVENUE  
2.4 CITY-ST-ZIP POMPAÑO BEACH, FL. 33062 ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCET GERARDI

2-13-96

954-784-0450

CR2E034 (12/95)