
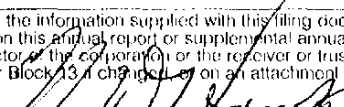


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000009843 (9) 1. Corporation Name PORT LENDING, INC.			
Principal Place of Business 1 EAST BROWARD BLVD. SUITE 1101 FORT LAUDERDALE FL 33301		Mailing Address 1 EAST BROWARD BLVD. SUITE 1101 FORT LAUDERDALE FL 33301-1042	
2. Principal Place of Business 21 LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301 City & State 23 Zip 24 Country		2a. Mailing Address 26 LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301 City & State 27 Zip 28 Country	
9. Name and Address of Current Registered Agent HORVITZ, WILLIAM D 1 EAST BROWARD BLVD. SUITE 1101 FORT LAUDERDALE FL 33301		10. Name and Address of New Registered Agent 81 Name LAS OLAS CENTRE 82 Street Address 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME HORVITZ, WILLIAM D STREET ADDRESS 1 EAST BROWARD BLVD., #1101 CITY-ST-ZIP FORT LAUDERDALE FL 33301 [] 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [] Change [] Addition [] Change [] Addition [] Change [] Addition [] Change [] Addition [] Change [] Addition [] Change [] Addition [] Change [] Addition [] Change [] Addition	
14. I do 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, on an attachment with an address.			
SIGNATURE: 			



CR2E034 (9/96)