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FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000019518 (5)

1. Corporation Name
TRANSCONTINENTAL LENDING GROUP, INC.

Principal Place of Business	Mailing Address
6555 N. POWERLINE ROAD SUITE 114 FT LAUDERDALE FL 33309	6555 N. POWERLINE ROAD SUITE 114 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1996

2. Principal Place of Business (21):
Suite, Apt #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 65-0673033 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OKTAY, ~~SHERWOOD~~ SERHAD
6555 N. POWERLINE ROAD
SUITE 114
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: EARL S. WILEY
82 Street Address (P.O. Box Number is Not Acceptable): 6555 N. POWERLINE ROAD
83: SUITE 114
84 City: FT. LAUDERDALE FL 85 Zip Code: 33309

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 _____ 4/28/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
P	WILEY, EARL S ~~23170 L'ERMITAGE CIRCLE~~ BOCA RATON FL 33433	☐	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	WILEY, EARL S 6366 W. LONGBOAT LANE #6108 BOCA RATON, FL 33433	☑ ☐
V	GARDNER, JAMES P ~~8530 BANKS RD., #205~~ ~~MARGATE FL 33063~~	☐	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	GARDNER, JAMES P 11662 NW 20th DR CORAL SPRINGS, FL 33071	☑ ☐
V	VILLA, RAYMOND F 2621 NW 106TH AVE CORAL SPRINGS FL 33065	☐	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ ☐
V	OKTAY, SERHAD 9432 BOCA RIVER CIRCLE BOCA RATON FL 33434	☐	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ ☐
V	BRITH, KAREN F 1308 NE 16TH STREET FT LAUDERDALE FL 33304	☐	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ ☐
V	MAISNER, PAUL L 5434 NW 88TH STREET CORAL SPRINGS FL 33067	☐	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ ☐

CR2E034 (10/97)

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.

SIGNATURE: _____ 4/28/98