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Feb 05 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 # P96000021993 (6)

1. Corporation Name

STATEWIDE LENDERS, INC.



DO NOT WRITE IN THIS SPACE

|   |                     |  |                     |
|---|---------------------|--|---------------------|
| Principal Place of Business<br>2471 MCMULLEN BOOTH ROAD<br>SUITE 5<br>CLEARWATER FL 34619 |                     | Mailing Address<br>2471 MCMULLEN BOOTH ROAD<br>SUITE 5<br>CLEARWATER FL 34619                    |                     |
| 2. Principal Place of Business  |                     | 2a. Mailing Address  |                     |
| 21  | Suite, Apt. #, etc. | 26   | Suite, Apt. #, etc. |
| 22  | City & State        | 27   | City & State        |
| 23  | Zip                 | 28   | Country             |
| 24  | Country             | 29   | Zip                 |
| 25  | Country             | 30   | Country             |
| g. Name and Address of Current Registered Agent   |                     | 10. Name and Address of New Registered Agent   |                     |
| SOUTH, J. TODD<br>2899 LEE ROAD<br>SUITE 120<br>WINTER PARK FL                            |                     | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------------|---|--|
| TITLE                      | D<br>KENNEDY, BRIAN               | 11 TITLE  |  |
| NAME                       | 2471 MCMULLEN BOOTH ROAD, SUITE 5 | 12 NAME   |  |
| STREET ADDRESS             | CLEARWATER FL 34619               | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                                   | 14 CITY-ST-ZIP  |  |
| TITLE                      | D<br>MARVIN, TIM                  | 21 TITLE  |  |
| NAME                       | 2471 MCMULLEN BOOTH ROAD, SUITE 5 | 22 NAME   |  |
| STREET ADDRESS             | CLEARWATER FL 34619               | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                                   | 24 CITY-ST-ZIP  |  |
| TITLE                      |                                   | 31 TITLE  |  |
| NAME                       |                                   | 32 NAME   |  |
| STREET ADDRESS             |                                   | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                                   | 34 CITY-ST-ZIP  |  |
| TITLE                      |                                   | 41 TITLE  |  |
| NAME                       |                                   | 42 NAME   |  |
| STREET ADDRESS             |                                   | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                                   | 44 CITY-ST-ZIP  |  |
| TITLE                      |                                   | 51 TITLE  |  |
| NAME                       |                                   | 52 NAME   |  |
| STREET ADDRESS             |                                   | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                                   | 54 CITY-ST-ZIP  |  |
| TITLE                      |                                   | 61 TITLE  |  |
| NAME                       |                                   | 62 NAME   |  |
| STREET ADDRESS             |                                   | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                                   | 64 CITY-ST-ZIP  |  |

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:

*[Handwritten Signature]* 1/2/98

CR2E034 (10/97)