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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000041686 1. Corporation Name

ABC LENDING, INC.

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90113 021 \*\*\*150.00

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Principal Place	e of Business	Mailing Address	-,			1 (881:001 114 (81:4 81:11 881:1 88	**** ##**** ##*** #		4118 8111 1881
2525 N STATE	ROAD 7	2525 N STATE ROAD 7	5 N STATE ROAD 7						
STE #120 STE #120						DO NOT WRI	TE IN THIS	SPACE	
HOLLYWOOD FL 33021 HOLLYWOOD FL 330 US US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
00						05/01/1996			{
2 Driveing Di	lace of Business	2a. Mailing Address			+	4. FEI Number		Apr	olied For
<del></del>	iace of pusitiess	26			ŀ	65-0666253		<u> </u>	Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.				The second secon		-\$8.75-A	
22	7,	27				5. Certificate of Status Desired		Fee Red	quired
City & State	e	City & State			$\neg \neg$	6. Election Campaign Financing		\$5.00	May Be
23		28		1	Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Country	,		8. This corporation owes the curr	ent year Int	angible	
24	25	2930	30			Personal Property Tax. res No			
Name and Address of Current Registered Agent				<del>-</del>	10. Name and Address of New Registered Agent				
0) = 11150 11			81	Name					}
CLIFF, JAMES V			82	Street	Addres	s (P.O. Box Number is Not Accepta	ble)		
6902 CALLE DEL PAZ 816 Enfield 54.				ļ					
BOCA RATON FL 33487			83	· ·					}
			84	City			FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				<u> </u>				phonoina its	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	onzed by	the corbo	oration'	's board of directors. I hereby acce	ot the appoi	ntment as reg	jistered
SIGNATURE		Alore D	-::: A X	at at lating	To dead to	rhen reinstating)	DATE		[
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ut eignatule li	eduseo w	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	P	[] DELETE	1.1 TITLE		V			☐ Change	<b>S</b> ddition
NAME	OUEE MAREO		1.2 NAME		1 [ '	mmy Jonas			/
STREET ADDRESS	6902 CALLE DE PASS — GO	o entre (1) St.		T ADDRESS		12 N. 15th Terrace			
			1.4 CITY-S		1	11400d FL 33020	<b>,</b>		
CITY-ST-ZIP TITLE			2.1 TITLE	)1-ZII	- <del></del>			Change	Addition
NAME			2.2 NAME		1			, -	
.STREET ADDRESS				TADDRESS	1				
CITY-ST-ZIP		ويم تصد	2. 4 CITY-			•	•	· ·	
TITLE		☐ DELETE	3.1 TITLE	31 <u>2</u>	$\vdash$			Change	Addition
NAME	. 321		3.2 NAME						
STREET ADDRESS	3.33		3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP	-				
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAME		}				
STREET ADDRESS	·	4		4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-8	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME		5.2 NAME					•		
STREET ADORESS	# # # # # # # # -		5.3 STREE	TADDRESS	ĺ				1

CAY-ST-ZIP\* 14. I hereby certify that the information supplied with this filling 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 frue 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 officer or director of the corporation or Block 12 or Block 13 if changed, or on I other like empowered.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

UTBUILD THE

The Trace

CITY-ST-ZIP

NAME ·

STREET ADDRESS

TIME

☐ DELETE

Change

Addition