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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000042294 (4)

TRUST LENDING CORP.

SUITE 303			ess E Center Drive West Jrg FL 33702-2474			( 199/JOD) (LE 18(16 BAIR) DOM DOM		9)010 11 <b>010 10</b> 111	<b>afor (64)</b>
						<ol> <li>Date Incorporated or Qualification</li> <li>05/17/1996</li> </ol>	ed <b>3a.</b> D	ate of Last Re	eport
	lace of Business I <b>ndian Trail</b>	2a. Mailing Add	ress			4. FEI Number 34417	H	<del></del>	oplied For of Applicable
Suite, Apt	#, etc.	Suite, Apt. #	, etc.		-	5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	, Florida	City & State				Election Campaign Financin     Trust Fund Contribution	9 🖂	\$5.00 Added t	
2φ 2φ 24 32726	Country 25 US	Zip	30	Country		This corporation has liability     Florida Statutes	for intangible		
24 32720	9. Name and Address of Curre		[30	<u>'1</u>		10. Name and Address of New			
POWERS, JILL FISHER- 877 EXECUTIVE CENTER DRIVE WEST SUITE 803- 6T: PETERSBURG FL 33702				81 82 83	Street	est L. Mascara Esq. Address (P.O. Box Number is Not Acce des Building, Suite 3 Executive Center Dri	03		
				84	St.	Petersburg,	FL		Code <b>702</b>
11. Pursuant office or ragent 1 a	Sund	wy			the corp	poration's board of directors. I have by a	<u> </u>	f changing it pointment as	s registered registered
12.	Signal actioned or printed traine of registered ag	ent and little II applicable	INCIE RE	13.	nt signature	required when reinstating)  ADDITIONS/CHANGES TO O	DATE	D DIRECTOR	S IN 12
11°(f	PSTD		ELETE	1.1 TITLE		ADDITIONO/OFFARGES TO C	I IOLIO AII	Change	Addition
NAME	SMITH, MICHAEL R	-		1.2 NAME					
STREET ADORESS	3130 INDIAN TRAIL			1.3 STREET	ADDRESS				
City+ST-ZiP	EUSTIS FL 32726			1.4 City-St	r-ZIP				
THLE	<del>***</del>	<b>52</b> (	ELETE	21 TITLE				Change	Addition
NAME	POWERS, JILL FISHER			22 NAME					
STREET ADDRESS	<del>077 EXECUTIVE CENTER ORN</del>	<del>Æ WEST</del>		23 STREET	ADDRESS				
CHY-ST-ZIF	ST. PETERSBURG FL 88702	·····		2 4 CITY-S	T-ZIP				·
T-TLF		ا الله	ELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADORESS				3.3 STREET					
CITY ST-ZIP TITLE		— П г	ELETE	3.4. CITY-S 4.1 TITLE	T-ZIP			Change	Addition
NAMC		4 لسا	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.1 HILE 4. 2 NAME				L Change	C Applica
STREET ADDRESS				4.2 NAME	ADDRESS				
CITY - ST - ZIP				4.4 CITY-\$1					
11115			ELETE	5.1 TITLE	1-417			Change	Addition
MAVE			·	5.2 NAME				- · · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS				5.3 STREET	AOORESS				
C:TY - ST - ZIP				5.4 CITY- S1					
THU			ELETE	6.1 TITLE				☐ Change	Addition
NAME				6.2 NAME				· · · · · ·	
STREET ADDRESS				6.3 STREET	address (				
City ST-ZIP				6.4 CITY - ST					

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 to if challend or en an attachment with an address.

SIGNATURE

CHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-97

952-721-7555 Oaylime Phone #

**FILED** 

May 23 1997 8:00am

Secretary of State