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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P96000 DE LENDERS, INC.	049799 (5)	
Principal Place of Business Mailing Address				
2451 MCMULLEN BOOTH RD 2451 MCMULLEN BOOTH			TH RD	•
CLEARWATER FL 34619 CLEARWATER FL 34619				DO NOT WOITE IN THIS COACE
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				06/10/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3380134 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional	
27				Fee Required
City & State			6. Election Campaign Financing \$5.00 May Be	
23 Z _{ID}	Country	Zip	Country	Trust Fund Contribution
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
[24]	Name and Address of Current		1301	10. Name and Address of New Registered Agent
KE	NNEDY, BRIAN J		81 Nam)
2451 MCMULLEN BOOTH RD CLEARWATER FL 34619			82 Stree	t Address (P.O. Box Number is Not Acceptable)
			84 City	FL 85 Zip Code
SIGNATURE	Signature typed or purified name of registered agent	and little if applicable (NC	OTE: Registered Agent signatu	
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D DIAMETRY BOILD I	C DESCRIC	1.1 TITLE	C. Crange C. Adunion
NAME STREET ADDRESS	KENNEDY, BRIAN J 2451 MCMULLEN BOOTH RD		1.2 NAME 1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34619		1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	MARVIN, TIMOTHY E		2.2 NAME	
STREET ADDRESS	2451 MCMULLEN BOOTH RD		2.3 STREET ADDRESS	
CITY+ST+ZIP	CLEARWATER FL 34819		2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	;
CITY-S1-ZIP			3.4. CITY - \$1 - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP		☐ DELETE	4.4 CITY - ST - ZIP	Change Addition
TITLE		C OFFER	51 TITLE	LI Change LI Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP				
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	·
CITY CT DD			6 4 CITY C1 710	

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: .

TIMOTHY E MARVIN, DIR.

(813<u>)</u>

(813) 797-0300

FILED

May 01 1998 8:00am

Secretary of State