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Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000058616 (9)

1. Corporation Name  
LOAN BY PHONE FINANCING, INC.



Principal Place of Business  
7860 N. STATE ROAD 7  
SUITE 4C  
POMPANO BEACH FL 33073

Mailing Address  
7860 N. STATE ROAD 7  
SUITE 4C  
POMPANO BEACH FL 33073-3528

3. Date Incorporated or Qualified  
07/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5434 WEST SAMPLE RD

26 5434 WEST SAMPLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 531

27 SUITE 531

City & State

City & State

23 MARGATE, FL

28 MARGATE, FL

Zip

Zip

24 33073

25 BROWARD

29 33073

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLIN, JODI  
7860 N. STATE ROAD 7  
SUITE 4C  
POMPANO BEACH FL 33073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5434 WEST SAMPLE ROAD

83 SUITE 531

84 City MARGATE

FL

85 Zip Code

33073

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D/P/VF/T/S  
JODI WOLIN  
732 NW 99 CIRCLE  
PLANTATION, FL 33324

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 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JODI WOLIN

1/11/97

954-977-9633

CR2E034 (9/96)