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**

1. Corporatio	MENT # P9600 NAME LOAN LE, INC.	0058669 (8)					
Principal Plac	e of Business	Mailing Address	······································			TEN BRIDI BIEDI IDILD DILIB	AIIIA 1811 1881
8672 N.W. 57TH STREET TAMARAC FL 33319		6672 N.W. 57TH STREET TAMARAC FL 33319					
				DO MOT INDITE MIT NO ODLOG			
						E IN THIS SPACE	
1					3. Date Incorporated or Qualified 07/12/1996		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	26				65-0682712	 	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ 69.75	5 Additional	
22		27		5. Certificate of Status Desired		Required	
City & State		City & State		6. Election Campaign Financing	\$5.0	0 May Be	
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Ζ φ	Country	/	8. This corporation owes or has pa		Intangible
24	25	29	30		Personal Property Tax due June		No
	9. Name and Address of Curren	nt Hegistered Agent	81	Literan	10. Name and Address of New Re	gletered Agent	
	, THI THANH LOAN 48 N.W. 79 AVENUE		81	Name			
i .		82	Street A	Address (P.O. Box Number is Not Acceptat	ole)		
MA	RGATE FL 33063		83				
			03				
			84	City		FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607 050	02 and 607 1508. Florida Statut	tes the abov	e-named (corporation submits this statement for the r		n ite registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was lations of, Section 607.0505, Fl	authorized bi lorida Statute	y the corp	corporation submits this statement for the poration's board of directors. I hereby acceptances	pt the appointment a	as registered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE 12. OFFICERS AND DIRECTORS				gistered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		ADS IN 12	
TITLE	D DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	LE, THI THANH LOAN		1.2 NAME			_ •	_
STREET ADDRESS	2548 N.W. 779 AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-S				
TITLE		DELET e	2.1 TITLE			Change	e Addition
	<u> </u>		2.2 NAME	-			
STREET ADDRESS		2.3 STREET ADDRESS					
CITY - ST - ZIP			2. 4 CITY - ST - ZIP				
TITLE	· · ·	☐ DELETE				Change	e 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS	PRESS		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. C(TY+ST+ZIP 4.1 TiTLE				
TITLE		DELETE				Change	e Addition
NAME		1					
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	OF CASE		4.4 CITY - 5	T-ZIP			
TITLE	DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	•			
CITY-ST-ZIP			5.4 CITY - S	IT-ZIP		☐ Change	Addition
TITLE	· ·		6.1 TITLE			□ Change	Mounton)
NAME .			6.2 NAME	*000000			
STREET ADDRESS			6.3 STREET	ADDRE SS			

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.

1-148

FILED

Jan 27 1998 8:00am

Secretary of State