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 # **P96000075631 (7)**

1. Corporation Name

Q.N. LENDING CORPORATION

Principal Place of Business	Mailing Address
1059 MAITLAND CENTER COMMONS. SUITE 221 MAITLAND FL 32751	1059 MAITLAND CENTER COMMONS. SUITE 221 MAITLAND FL 32751-7434

2. Principal Place of Business	2a. Mailing Address		
21 **2700 Westhall Lane**	26 **2700 Westhall Lane**		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 **Suite #205**	27 **Suite #205**		
City & State	City & State		
23 **Maitland, FL**	28 **Maitland, FL**		
Zip 24 **32751-7203**	Country 25 **USA**	Zip 29 **32751-7203**	Country 30 **USA**

3. Date Incorporated or Qualified **09/09/1996**
3a. Date of Last Report

4. FEI Number **59-3405982** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

QUAID, RICHARD
1059 MAITLAND CENTER COMMONS, SUITE 221
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) **2700 Westhall Lane**	
83 **Suite #205**	
84 City **Maitland**	**FL**	85 Zip Code **32751-7203**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PVST**	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME **QUAID, RICHARD**		1.2 NAME		
STREET ADDRESS **1059 MAITLAND CENTER COMMONS, SUITE 221**		1.3 STREET ADDRESS **2700 Westhall Lane, Suite 205**		
CITY-ST-ZIP **MAITLAND FL 32751**		1.4 CITY-ST-ZIP **Maitland, FL 32751-7203**		
TITLE **D**	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME **QUAID, RICHARD**		2.2 NAME		
STREET ADDRESS **1059 MAITLAND CENTER COMMONS, SUITE 221**		2.3 STREET ADDRESS **2700 Westhall Lane, Suite 205**		
CITY-ST-ZIP **MAITLAND FL 32751**		2.4 CITY-ST-ZIP **Maitland, FL 32751-7203**		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

GR2E034 (9/96)

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: _____   2-14-97   407-875-1955