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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000096311 (1)

1. Corporation Name

THE MONEY TREE LENDING GROUP, INC.

Principal Place of Business

177 CYPRESS AVENUE
PORT CHARLOTTE FL 33952

Mailing Address

177 CYPRESS AVENUE
PORT CHARLOTTE FL 33952-7982

3. Date Incorporated or Qualified

11/26/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 3380 Tamiami Trail

2a. Mailing Address

26 177 Cypress Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B-2

27

City & State

City & State

23 Port Charlotte FL

28 Port Charlotte FL

Zip

Zip

24 33952

Country

29 33952

Country

30 US

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Philip A. Sampiere Jr.

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

177 Cypress Ave.

83

84

City Port Charlotte

FL

85 Zip Code 33952

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

Philip A. Sampiere Jr. President Philip A. Sampiere Jr.

2/30/97

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SAMPIERE, PHILIP A JR.

STREET ADDRESS 177 CYPRESS AVENUE

CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VD ☐ DELETE

NAME ROBIN, SANDRA S

STREET ADDRESS 177 CYPRESS AVENUE

CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE SD ☐ DELETE

NAME SAMPIERE, SHAWN

STREET ADDRESS 177 CYPRESS AVENUE

CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TD ☐ DELETE

NAME WARRAM, LISA M

STREET ADDRESS 177 CYPRESS AVENUE

CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

Philip A. Sampiere Jr. President Philip A. Sampiere Jr.

2/30/97

941-764-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0006176

CR2E034 (9/96)

FILED
Apr 07 1997 8:00am
Secretary of State

