


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

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May 13 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 # P96000097950 (5) 1. Corporation Name LOANS PLUS, INC.			
Principal Place of Business 1140-B EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009		Mailing Address 1140-B EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009-4432	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 12/04/1996		3a. Date of Last Report 12/04/1996	
4. FEI Number 65-0745948		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HERSHKOWITZ, ANDREW 1140-B EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009		10. Name and Address of New Registered Agent 81 Name Colleen D. Nuñez 82 Street Address (P.O. Box Number is Not Acceptable) 1140B E. Hallandale Beach Blvd. 83 84 City Hallandale FL 85 Zip Code 33009	
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 responsibility, Section 607.0505, Florida Statutes. SIGNATURE <i>Colleen D. Nuñez</i> DATE 4/30/97 <small>Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. HERSHKOWITZ, ANDREW <input checked="" type="checkbox"/> DELETE 1140-B EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009 2. Nuñez, Colleen <input type="checkbox"/> DELETE 1140B E. Hallandale Beach Blvd. Hallandale, Florida 33009 3. Niefeld, Sherri <input type="checkbox"/> DELETE 1140B E. Hallandale Beach Blvd. Hallandale, Florida 33009 4. Yanowitz, Sidney B. <input type="checkbox"/> DELETE 1140B E. Hallandale Beach Blvd. Hallandale, Florida 33009		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>Colleen D. Nuñez</i> DATE 4/30/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)