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FILED  
May 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000099592 (3)

1. Corporation Name

US SMALL BUSINESS FINANCIAL CORPORATION

Principal Place of Business

C/O US SMALL BUSINESS SERVICES  
POST OFFICE BOX 3347  
HOLIDAY FL 34680

Mailing Address

C/O US SMALL BUSINESS SERVICES  
POST OFFICE BOX 3347  
HOLIDAY FL 34680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

58-2243513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4815 E. BUSCH BLVD

Suite, Apt. #, etc.

22 113

City & State

23 TAMPA FLORIDA

Zip

24 33617

Country

25 U.S.

2a. Mailing Address

26 4815 E. BUSCH BLVD

Suite, Apt. #, etc.

27 113

City & State

28 TAMPA FLORIDA

Zip

29 33617

Country

30 U.S.

9. Name and Address of Current Registered Agent

SCHMIDT, L P  
1004 US HIGHWAY 19 #202  
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name

JOSEPH A. JANEZIC

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

4815 E. BUSCH BLVD

83

84 City

Tampa

FL

85 Zip Code

33617

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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5-19-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JOSEPH A. JANEZIC

STREET ADDRESS 4815 E. BUSCH BLVD

CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ DELETE

NAME SECRETARY - TREASURER L.P.

STREET ADDRESS 55 MARZETTA ST. #2000

CITY-ST-ZIP ATLANTA, GA 30303

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 any attachment with an address.

SIGNATURE

6-21-98

CR2E034 (10/97)