

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90079 050 \*\*\*150.00

DOCUMENT # P96000103941

1. Corporation Name

AMERILOAN FINANCIAL GROUP, INC.

Principal Place of Business

2139 AMESBURY CIR.  
WELLINGTON FL 33414

Mailing Address

P.O. BOX 210745  
W. PALM BEACH FL 33421-0745

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

65-0712249

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARTIN, HECTOR D  
2139 AMESBURY CIR.  
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

Staci R. Martin

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

2139 Amesbury Circle

83

84 City

Wellington

FL

85 Zip Code

33414

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

Staci R. Martin

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

(NOTE: Registered Agent signature required when reinstating)

1/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MARTIN, HECTOR D  
STREET ADDRESS 2139 AMESBURY CIR.  
CITY-ST-ZIP WELLINGTON FL 33414

☒ DELETE

TITLE V  
NAME MARTIN, STACI R  
STREET ADDRESS 2139 AMESBURY CIR.  
CITY-ST-ZIP WELLINGTON FL 33414

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (P.) Staci R. Martin  
1.2 NAME 2139 Amesbury Cir.  
1.3 STREET ADDRESS Wellington, FL 33414  
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE VP  
2.2 NAME Hector D. Martin  
2.3 STREET ADDRESS 2139 Amesbury Cir.  
2.4 CITY-ST-ZIP Wellington, FL 33414

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE:

Staci R. Martin

1/12/99

Date

561-793-0106

Daytime Phone #

CR2E034 (11/98)