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

PROFIT

CORPORATION

ANN'	AL REPORT Secretary of State DIVISION OF CORPORATIONS		DECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCU 1. Corporatio	MENT # Pg on Name The Loa	10000086°	ion On	ے		6 PH 1:53
1000	ce of Business outly Bank	- B12		outlypart E		S SPACE
SIN	u sustene 35	1086	SIG	1 Sector	3. Date Incorporated or Qualifed 1-29-97	
21	Place of Business	2a. 26	Mailing Address		4. FEI Number 59-8423011	Applied For Not Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Count 25	7y 29	Zıp	Country 30	This corporation owes the current year In Personal Property Tax.	langible []Yes "M ∕No
	to the provisions of Se		8128 82086 7.1508, Florida Statute	83 84 City	ess (P.O. Box Number Short Carbon 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1061 011 ****150.00 85 Zip Code changing its registered
	am familiar with, and ac	cept the obligations of,	Section 607.0505, Flor	ida Statutes.	, , , ,	
12. TITLE NAME		or of registered agent and title if	TORS	Registered Agent signature required 13. 11TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS AN	☐ Ghange
STREET ADDRESS CITY-ST-ZIP TITLE	St augu.	Him FL.	92095 DELETE	13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE	621 Indracoasta Svoju justina Et	GCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
NAME STREET ADDRESS CITY-ST-ZIP				22 NAME 23 STREET ADDRESS 2 4 City-St-Zip		
TITLE NAME STREET ADDRESS	1	-	□ DELÊTE	31 TITLE 32 NAME 33 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS	J		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
	1		☐ DELETE	4.4 CiTY-ST-2# 5.1 TiTLE		[]Change
CITY-ST-ZIP TITLE NAME			Ditter	52 NAME		14.5
TITLE			☐ DELETE	52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME		Change Addition

FLORIDA DEPARTMENT OF STATE

Katherine Harris

instruction on this annual report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as it 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: .

7-7-91 904-823-495

FliFli

The LOAN STATION, INC.

100 SouthPark Blvd, Suite 307 St. Augustine, Fla 32086 904-823-1195 Fax 904-823-9556

July 7, 1999

Division of Corporations P O Box 6327 Tallahassee, Fl 32314

Gentlemen

Thank you for resending the Corporation Annual Report-I have had so much family illness over the last several months and have not been in the office as much as I need to be, then my 26 year old son was diagnosed with high blood pressure, so I am sure your bill was misplaced or was lost somewhere either by me or the postmaster.

Whatever thank you for re-sending and I do hope under the circumstances of family illness and "flusters" you will forgive the late fee.

Attached please find my check for \$150 ck # 2438 and the completed corporation annual report.

Your consideration will be so appreciated.

Anne K. Crawford

President