**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P97000023827**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90163 024 \*\*\*158.75

STATESI	DE LENDING, INC.								
						I HORITORY HA TOXAL HARIL ARRIVED			
Principal Place		Mailing Address							
13899 BISCAYNE BLVD 13899 BISCAYNE BLVD STE 317									
N MIAMI BEACH FL 33181 N MIAMI BEACH FL 33181						DO NOT WR	ITE IN THIS	SPACE	
US US					Γ	3. Date Incorporated or Qualifed			
						03/17/1997		<del></del> ,	
Principal Place of Business     2a. Mailing Address						4. FEI Number		_ <del>  _ · · · ·</del>	lied For
13899 Biscayne Boulevard 26 13899 Biscayne			e Bou	levar	d	<u>65-0741319</u>			Applicable .
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	X	<b>\$8.75</b> A Fee,Rec	
22 Suite		27 Suite-101							
The state of the s			each. FI.			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 ( Added to	
Zip Zip	Country Country	Zip Zip	Country		<del></del> -	8. This corporation owes the cur	ront veer in		71 003
3318		29 33181	7		ļ	Personal Property Tax.	ien year in	Yes	□No
24 3310.	9. Name and Address of Current	124	7			10. Name and Address of New	Registered	Agent	
			81	Name		-		· <b>-</b> ···,	
FILINGS, INC.				Street A	Street Address (P.O. Box Number is Not Acceptable)				
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132				-					
, ,	ADDENDALL I C GOOTT TIGE		83					<u>, ,</u>	
			84	City			FL	85 Zip C	ode
agent. I a	to the provisions of Sections 607.002 egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes	<b>S.</b>		s poard of directors, i nereby acce	DATE DATE		
	Signature, typed or printed name of registered agent OFFICERS AND	_· <u>''</u> _	13.	nt signature re-	- quirea wi	ADDITIONS/CHANGES TO O		ND DIRECTO	RS IN 12
12. TITLE	D	DELETE	1.1 TITLE		Di	rector	,	Change	☐ Addition
NAME	BEHRENS, RANDALL		1.2 NAME		Bel	hrens, Randall			
STREET ADDRESS	13899 BISCAYNE BLVD STE 31	7	1.3 STREE	TADDRESS	13	899 Biscayne Boule	vard,	Suite 1	01
CITY-ST-ZIP	N MIAMI BEACH FL 33181		1.4 CITY-9	ST-ZIP		rth Miami Beach, E			
TITLE			2.1 TITLE					Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	TADDRESS					ì
CITY-ST-ZIP	<u> </u>		2. 4 CITY-	ST-ZIP				· . ***	<u>- · ·                                  </u>
TITLE	☐ DELETE 3.1							Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				[7.0h	Addition
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-8	S1-ZIP				Change	Addition
TITLE		□ nereie	5.1 TITLE 5.2 NAME					<del>ال</del> 1141192	
NAME				T ADDRESS					
STREET ADDRESS			5.4 CITY-S						
CITY-ST-ZIP		DELETE	6.1 TITLE	J. 7631				Change	Addition
TITLE			6.2 NAME		l			<del>-</del> •-	_
NAME STREET ADDRESS				ET ADDRESS	l				ţ
GINEEL ADDRESS									I

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 suppliemental 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Randall Behren

305-945-8380