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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary & State

DIVISION OF CORPORATIONS

DOCUMENT # P97000058247 (2)

Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

COASTAL LENDING OF SOUTH FL. INC.

Principal Place of Business

Mailing Address

FILED Jun 24 1998 8:00am Secretary of State



1300 N. FEDERAL HWY. STE. 110 1300 N. FEDERAL HWY., STE, 110 **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1997 Principal Place of Business Applied For Huy, Onc 26 18 Not Applicable \$8.75 Additional Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NIKOLAS, MICHAEL L 1300 M. FEDERAL HWY., STE. 110 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida 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. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE n 1.1 TITLE D,P,S, Change NAME NIKOLAS, MICHAEL L 1.2 NAME Gilbert C Wing Foot 1300 N. FEDERAL HWY., STE. 110 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY+ST-7IP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIP Change DELETE 6.1 TITLE Addition BORNODZYTEKS NAME 6.2 NAME -06/24/98--01018--001 STREET ADDRESS 6.3 STREET ADDRESS ***150,00 6.4 CITY-ST-ZIP 14. Thereby 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