PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000058989

1. Corporation Name

CHASE LENDING CORP

Principal Place of Business	Mailing A
6915 WILLOW LANE	P O BOX
MIAMI LAKES FL 33014	MIAMI FL
	US

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90147 046 ***150.00



Principal Place	e of Business		Mailing Address			 -				15112 (51) 150)
6915 WILLOW L	LANE	P	O BOX 112533							
MIAMI LAKES F	FL 33014		AIAMI FL 33111						0405	
		ι	IS				DO NOT WRIT	E IN THIS S	PACE	
							3. Date Incorporated or Qualifed 07/07/1997			
2. Principal Pl	lace of Business	2	a. Mailing Address				4. FEI Number		Ar	plied For
21		26					65-0764897		No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				T. O. Washington & Charles Desired		\$8.75	Additional
22	. 	_ 27		. –			5. Certificate of Status Desired		Fee Re	equired
City & State City & State				6. Election Campaign Financing		\$5.00	May Be			
23		28]				Trust Fund Contribution		Added	
Zip	Country		Zip	Col	untry		8. This corporation owes the curre	ent year Intar	ngible	
24	25	29	ה . ה	30			Personal Property Tax.		Yes	□No
	9. Name and Addres			11	Τ		10. Name and Address of New R	egistered A	gent	
		<u> </u>			81	Name				"
BELL	lo, William									
i	WILLOW LANE				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
	MI LAKES FL 33014				83		, - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
,,,,,										
		/			84	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Secti	ions 697 0502 and	607 1508 Florida Sta	atutes, the a	bove	a-named corp	oration submits this statement for the		nanging its	registered
office or n	egistered agent, or both	in the State of Flo	rida. Such change wa	s authorized	d by I	the corporation	oration submits this statement for the on's board of directors. I hereby accep	t the appoint	ment as re	gistered
agent. I a	m familiar with, and acce	p the obligations	Section 607.0505.	Flonda Stat	tutes.		7	- E-G	0	
SIGNATURE		la 1	RESI	MATE D	A		d when reinstating)	-59	<u> 7 </u>	
40	Signature dyped or printer nyme	FFICERS AND DIF		13.		r signatura reduirat	ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO)RS IN 12
12.	P	FFICERS AND DIF	DELETE				ADDITIONS/OFFANGED TO CIT		Change	Addition
J	BELLO, WILLIAM			12 N		1			_ ,	_ i
NAME										
STREET ADDRESS	6915 WILLOW N	1044				ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL 33	0014			TY-ST	T-ZIP			Change	Addition
mre			☐ DELETÉ	2.1 ™	ITLE				☐ Cilarige	
NAME				2.2 N	AME					- 1
STREET ADDRESS	-			2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP										
TITLE					CITY-S	T-ZIP				
NAME	ì		☐ DELETE			T-ZIP			☐ Change	Addition
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			☐ DELETE	3.1 TI 3.2 N	ITLE LAME	T-ZIP	~~		☐ Change	Addition
CITY-ST-ZIP			☐ DELETE	3.1 TI 3.2 N 3.3 S	ITLE LAME	ADDRESS			Change	Addition
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				3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI	ITLE LAME TREET CITY-S	ADDRESS				
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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 roceing 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: