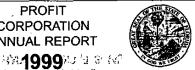
Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90046 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075780

1. Corporation Name 🚁

LOAN EQUITY CORPORATION

1							 	
Principal Place	e of Business	Mailing Address			I INCHINAL HE INCH INNI BRITI ERILI ORSIT	##III: I###: #3111 1 49 61	(8 11) 88 1) 1881	
264 ROCK HILL CT 264 ROCK HILL CT MARCO ISLAND FL 34145 US US					DO NOT WRITE IN	THIS SPACE	_	
00		00			3. Date Incorporated or Qualifed			
					08/29/1997			
2. Principal P	Place of Business * *	2a. Mailing Address	· · ·		4FEI Number	Ap	plied For	
21		26			65-0784167	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 #		
City & Stat	te	City & State		· -	6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current ye	ar Intangible		
24	25	29 30)		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
, ,	लिए र रम करून त्रान्त्रम् अव		81	Name				
Greusel, Jamie B C/O Berry & Greusel			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
1104 N COLLIER BLVD			83					
MARCO ISLAND FL 34145						05 7:-	2-40	
			84	City		FL 85 Zip	Joue	
office or r	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida, Such change was autrions of, Section 607.0505, Florida	orized by a Statutes	the corporate	oration submits this statement for the purpoon's board of directors. I hereby accept the adverse when reinstating)	appointment as re	gistered	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	STORM, RICHARD E	•	1.2 NAME	Ì		•	- 1	
STREET ADDRESS	4 VIEW MARK DR		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	RICHMOND HILL ON 34145		1.4 CITY- S	T-ZIP				
TITLE	DP	P DELETE 2.1				☐ Change	Addition	
NAME	PULA, DAVID		2.2 NAME					
STREET ADDRESS		İ	2.3 STREE	TADDRESS				
CITY-ST-ZIP	WEST SPRING MA 01089		2.4 CITY-	ST-ZIP				
TITLE	DVST	☐ DELETE	3.1 TITLE		·	Change	☐ Addition	
NAME	STORM, RICHARD JR		3.2 NAME					
STREET ADDRESS	II *		3.3 STREE	T ADDRESS			,	
C/TY-ST-ZIP	MARCO ISLAND FL 34145		3.4. CITY-	ST-ZIP			□ Additio -	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	1.		4.2 NAME	1				
STREET ADDRESS	;			TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP		Cha=	☐ Additio=	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME	I		5.2 NAME	1	,			

CITY-ST-ZIP 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 proof or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under orth; that I am an officer or director of the corporation or the eceiver of trustee improvement to execute this report as required by Chapter 60; Florida Statutes; and that my game appears in Block 12 or Block 12 if changed, a contain attachment with amountains.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME -

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition