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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077810 (4)

1. Corporation Name

LENDERS INTERNATIONAL NETWORK TRUST, INC.



Principal Place of Business

Mailing Address

6500 WINEGARD RD., SUITE 207
ORLANDO FL 32809

6500 WINEGARD RD., SUITE 207
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2907 McCoy Road
Suite, Apt. #, etc.

26 Same
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

59-3485623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

22 City & State

23 Orlando, Florida

24 32812-4827 25 USA

27 City & State

28 Orlando, Florida

29 32812-4827 30 USA

9. Name and Address of Current Registered Agent

CULP, DARRELL W
6500 WINEGARD RD., SUITE 207
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name David H. Caballer

82 Street Address (P.O. Box Number is Not Acceptable)

2909 McCoy Road

83

84 City

Orlando

FL

85 Zip Code

32812-

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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.

SIGNATURE

Signature (Typed or Printed Name of registered agent and then applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CABALLER, MILDRED M
STREET ADDRESS 6500 WINEGARD RD., SUITE 207
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☒ DELETE

NAME CULP, DARRELL W
STREET ADDRESS 6500 WINEGARD RD., SUITE 207
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ DELETE

NAME David H. Caballer
STREET ADDRESS 2907 McCoy Road
CITY-ST-ZIP Orlando, Florida, FL 32812

TITLE ☐ DELETE

NAME Luis D. Caballer
STREET ADDRESS 2907 McCoy Road
CITY-ST-ZIP Orlando, Florida 32812

TITLE ☐ DELETE

NAME Iluminada Irizarry
STREET ADDRESS 2907 McCoy Road
CITY-ST-ZIP Orlando, Florida 32812

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 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.

SIGNATURE

4/29/98

CP2E034 (10/97)