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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000022343

DIRECT LENDING SOURCE, INC.

Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	T (NOITH BLEED) IN THE STATE OF STATE OF	TAIN ISNIN ISNUN ISSI ISSI NAMED ISSI 1881
2699 SEVILLE BLVD.		2699 SEVILLE BLVD.			
UNIT 302 UNIT 302			DO NOT WRITE IN T	HIS SPACE	
CLEARWATER FL 33764 CLEARWATER FL 33764				3. Date Incorporated or Qualifed	
				03/10/1998	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3497254	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e · · · ·	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28	Country	8. This corporation owes the current year	
Zip	25	i	30	Personal Property Tax.	Yes DHNo
24	9. Name and Address of Current	<u> </u>		10. Name and Address of New Register	red Agent
81 Name				inda J. Giordano	
TUCCIARONE, CHRISTOPHER M			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
2699 SEVILLE BLVD.			az Street Addit		
UNIT	302		[83]		
CLE/	ARWATER FL 33764		17		85 Zip Code
			84 City C	Lauderdale	FL 85 Zip Code 12.
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					
11. Pursuant to the provisions of Sections 607.1502 and 607.1506, Florida Statutes, tile above limited Colporation'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.					
	Mid. V	uda	ı		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature required		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D	☐ DELÉTE	1.1 TITLE	Vouglas Daniel	
NAME	TUCCIARONE, CHRISTOPHER M		1.2 NAME	1037 nw 68 Dr.	
STREET ADDRESS	2699 SEVILLE BLVD. UNIT 302		1.3 STREET ADDRESS D	arkland, PC 33067	,
CITY-ST-ZIP	CLEARWATER FL 33764	DELETE		LILIUNG IPC 3800 /	Change Addition
TITLE		☐ DELETE	2.1 TITLE		□ overiĝo □ razara.
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		i fin percur	3.2 NAME		, <u>, , , , , , , , , , , , , , , , , , </u>
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C/TY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
ETDEET ANNOESS			6.3 STREET ADDRESS		ì

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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

4-20-99