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

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PROFIT CORPORATION, ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 17 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000024142**

1. Corporation Name
LOANS ARE US, INC.

Principal Place of Business
220 SUNRISE AVE STE 209
PALM BEACH FL 33480

Mailing Address
220 SUNRISE AVE STE 209
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/12/1998

4. FEI Number
65-0827983 [ ] 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 the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21 7765 Lake Worth Road
Suite, Apt. #, etc.
22 Suite 310
City & State
23 Lake Worth, FL
Zip Country
24 33467-6947 25 USA

2a. Mailing Address
26 7765 Lake Worth Road
Suite, Apt. #, etc.
27 Suite 310
City & State
28 Lake Worth, FL
Zip Country
29 33467-6947 30 USA

9. Name and Address of Current Registered Agent
SCHATZ, RANDEE S
220 SUNRISE AVE STE 209
PALM BEACH FL 33480

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box) 100002481576:1--3
03/26/99--01055--003
83 ****150.00 ****150.00
84 City **FL** 85 Zip Code

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 title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	TEMEL, CORNELIA A	
STREET ADDRESS	10134 DOVER CARRIAGE LN	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D,Pres,VP,Secty,Treas.	[ ] Change [X] Addition
12 NAME	Temel, Cornelia A.	
13 STREET ADDRESS	7765 Lake Worth Road, Suite 310	
14 CITY-ST-ZIP	Lake Worth, FL 33467-6947	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: C. Temel 3/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

3/19-99