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

PROFIT CORPORATION ANNUAL REPORTS

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

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

05-17-1999 90077 027 ***150.00

Lasy Money II	tie Loans, inc	•								
Principal Place of Business Mailing Address					-					
						DO NOT WRI	TE IN THIS	SPACE		
					3. Date Incorporated or Qualifed					٦
					4-2-					
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			- Ar	pplied For	+
21 800 N. Federal Hwy					65-0825				ot Applicable	-
Suite, Apt. #, etc.	Suite, Apt. #, etc.								Additional	7
22	27 Suite 108				5. Certifcate of	Status Desired			equired	
City & State					6. Election Can	npaign Financing		\$5.00	May Be	1
23 Pompano Beach FL	28 Virginia Beach, VA				Trust Fund Contribution Added to Fees 8. This corporation owes the current year intangible					
24 330.62 - 25	29 23462 3	US		Personal Pro		ent year inta	Yes	√No.		
9. Name and Address of Curren		<u>, o</u>	03			Address of New F	Registered A		XX -	+
o. Namo ana Maarooo of Galleri	. regional va / tgont		81 Nam	ie	ro. mania ana r		togiotorou i	190111		1
CT Corporation System										1
	South Pine Island Road			et Addre	t Address (P.O. Box Number is Not Acceptable)					
City of Plantation, FL	33324	İ	83							1
		}	84 City			=		85 Zip (Code	-
							<u> </u>			_
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat 	of Florida. Such change was auti	horized	by the co							
SIGNATURE										
Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered /	Agent signatu	re required	when reinstating)		DATE			1 6
12. OFFICERS AN		13.			ADDITIONS/C	HANGES TO OF				_ 3
TITLE	☐ DELETE	1.1 TITI	E	s/	T/D			√ Change	Addition	3
NAME		12 NA	ME	1 '	mi Van G	order				3
STREET ADDRESS		1.3 STF	REET ADDRE	SS 52	95 Green	wich Rd.	Ste	. 108	,	
CITY-ST-ZIP		1.4 CIT	Y-ST-ZIP	Vi	rginia B	each. V	2346	2		. Ì
TITLE	☐ DELETE	2.1 TITI		P/	irginia Beach, VA 234 /D			⊠ Change	☐ Addition	Ι,
NAME		2.2 NAI	ΜE		vid L. G	reenber	7			
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NAME		5.2 NAM								İ
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CITY-ST-ZIP		<u>H</u>	r-ST-ZIP							1
TITLE	☐ DELETE	6.1 TITL						Change	☐ Addition	
NAME		6.2 NAN		_						
STREET ADDRESS		1	EET ADDRES	S						
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: