

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000057015**

1. Corporation Name  
**HOMEOWNERS CAPITAL LENDING, INC.**

Principal Place of Business  
**131 N.W. 40TH TERRACE  
DELRAY BEACH FL 33445**

Mailing Address  
**131 N.W. 40TH TERRACE  
DELRAY BEACH FL 33445**

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90018 008 \*\*\*550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/25/1998**

FBI Number

**65-0848039**

Applied For

Not Applicable

2. Principal Place of Business

**21 1718 W. Hillsboro Blvd.**

2a. Mailing Address

**26 1718 W. Hillsboro Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

City & State

**23 Deerfield Beach FL**

City & State

**28 Deerfield Beach FL 33442**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

Zip

**24 33442**

Country

**25 BROWARD**

Zip

**29 33442**

Country

**30 BROWARD**

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

10. Name and Address of New Registered Agent

81 Name

**82 1718 W. Hillsboro Blvd.**

83

**84 City Deerfield Beach**

**FL**

**85 Zip Code 33442**

11. Pursuant to the provisions of sections 607.0502 and 607.1509, 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]*

(NOTE: Registered Agent signature required when reinstating)

**7/13/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NATKIN, RUSSELL A</b>	
STREET ADDRESS	<b>131 N.W. 40TH TERRACE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NEBRASKY, ADAM</b>	
STREET ADDRESS	<b>131 N.W. 40TH TERRACE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>NEBRASKY, ADAM</b>
2.3 STREET ADDRESS	<b>4166 NW 90TH AVE #102</b>
2.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

Date

Daytime Phone #

CR2E034 (5/99)