

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90171 039 \*\*\*150.00

DOCUMENT # P98000063104

1. Corporation Name

NORTH AMERICAN LENDING CORPORATION

Principal Place of Business  
1335 NORTH SHORE DRIVE  
LEESBURG FL 34748

Mailing Address  
1335 NORTH SHORE DRIVE  
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/15/1998

2. Principal Place of Business

21 2204 N. Citrus Blvd  
Suite, Apt. #, etc.

22 10 B

23 Leesburg, FL  
City & State

24 34748 25 USA  
Zip Country

2a. Mailing Address

26 2204 N. Citrus Blvd  
Suite, Apt. #, etc.

27 10 B

28 Leesburg, FL  
City & State

29 34748 30 USA  
Zip Country

4. FEI Number

59-3522916

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 ☒ No

9. Name and Address of Current Registered Agent

SIWEK, STANLEY P  
1335 NORTH SHORE DRIVE  
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name Stanley P. Siwek

82 Street Address (P.O. Box Number is Not Acceptable)  
4305 Emmaus Rd

83

84 City Fruitland Park FL 85 Zip Code 34748

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President/Treasurer ☐ DELETE  
NAME Stanley P. Siwek  
STREET ADDRESS 4305 Emmaus Rd  
CITY-ST-ZIP Fruitland Park, FL 34748

TITLE Vice President/Secretary ☐ DELETE  
NAME Stephen Anthony Scherker  
STREET ADDRESS 1699 E Main St. # B  
CITY-ST-ZIP Leesburg, FL 34748

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-99 352-728-3333

CR2E034 (11/98)