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

DOCUMENT # P98000071951

BUSINESS LENDING SERVICES CORP.

Principal Place of Business 9858 GLADES ROAD BOCA RATON FL 33434

Mailing Address

9858 GLADES ROAD BOCA RATON FL 3343

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90001 031 ***158.75



BOOM HATON FE 33434								
						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address				08/14/1998		
21		26				4. FEI Number		Applied For
Suite, Apt. #, etc. Suite, Apt			ot # etc			65-0865611		Not Applicable
22		27				5. Certifcate of Status Desired		Additional
City & State City & State						S. Status Desired		Required
23		28				6. Election Campaign Financing	\$5.0	0 May Be
Zip Country Zip			Country			Trust Fund Contribution	Added	to Fees
24	25	_ 		ry		8. This corporation owes the current year	Intangible	1
	9. Name and Address of Current	Registered Agent	30			Personal Property Tax.	☐ Yes	☑ No
l		- Nogretore Agent	8	4	Na	10. Name and Address of New Register	ed Agent	-
RANKIN, JANE C			ľ	"]	Name			
	BICKI DRAPER		8:	2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
ONE	E BROWARD BLVD STE 1600		<u></u>			——————————————————————————————————————		
FORT LAUDERDALE FL 33301			83			<u> </u>		
			84	4	City			
44 - Down					City		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 agent. I am familiar with, and accept the obligations of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an accept the obligations of Section 607.0502 and 607								
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 a	nd title if applicable. (NOTE: F	Registered Age	ent sir	gnature required wi	hon	_	}
	OFFICERS AND	DIRECTORS	13.		Justano rodali Bo Wi			
TITLE	D	☐ DELETE	1.1 TITLE		- $ -$	ADDITIONS/CHANGES TO OFFICERS		
NAME	Kraft, David		1.2 NAME		ł		☐ Change	☐ Addition
STREET ADDRESS	9858 GLADES ROAD		1	T				ſ
CITY-ST-ZIP	BOCA RATON FL 33434		1.3 STREE					ļ
TITLE		☐ DELETE	1.4 C/TY-S	T-ZIF		·		1
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CITY-ST-ZIP			2.3 STREET	FADC	DRESS			ĺ
TITLE			2.4 CITY-S	T-ZIF	Р			1
NAME		☐ DELETE	3.1 TITLE				Change	Addition
STREET ADDRESS			3.2 NAME					
			3.3 STREET	ADD	RESS			į į
CITY-ST-ZIP TITLE			3.4. CITY- \$1		I			J
1		☐ DELETE	4.1 TITLE				☐ Change	T A delication
NAME		•	4. 2 NAME		ļ		☐ Criange	☐ Addition
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NAME			5.2 NAME				☐ Change	☐ Addition
TREET ADDRESS			5.3 STREET A	۸UDa	3E00			·]
CITY-ST-ZIP			5.4 CITY-ST-			•		
III.E		☐ DELETE	6.1 TITLE	<u> ۵</u> ۲		- <u> </u>		
IAME			6.2 NAME			-	☐ Change	☐ Addition
TREET ADDRESS]	_		_			1
ITY-ST-ZIP		ľ	6.3 STREET A		ESS			1
	tify that the information supplied with thi	- 611)	6.4 CITY-ST-2	ZIP				

4. 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 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

5 pruary 99 (561) 488-2984

CR2E034 (11/98)