

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

**PROFIT CORPORATION ANNUAL REPORT 1999 2000**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -2 PM 2:56

**DOCUMENT # PG9000027732**

1. Corporation Name  
**The Business Lenders, Inc.**

Principal Place of Business Mailing Address  
**174 W. Comstock Avenue Suite 113 Winter Park, FL 32789** same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**3/25/99**

2. Principal Place of Business <b>174 W. Comstock Ave. Ste. 113 Winter Park, Florida 32789 USA</b>	2a. Mailing Address <b>174 Comstock Ave. Ste. 113 Winter Park, Florida 32789 USA</b>	4. FEI Number <b>59-3565956</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Lehn E. Abrams  
801 N. Magnolia Avenue, Suite 201  
Orlando, Florida 32803**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D, P, VP, S, T <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
J. Thomas Armstrong	1.2 NAME		
174 W. Comstock Avenue, Ste. 113	1.3 STREET ADDRESS		
Winter Park, FL 32789	1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
	2.2 NAME		
	2.3 STREET ADDRESS	<b>500003263215--5</b>	
	2.4 CITY-ST-ZIP	<b>-05/23/00--01050--003</b>	
<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>***150.00</b>	
	3.2 NAME		
	3.3 STREET ADDRESS		
	3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
	4.2 NAME		
	4.3 STREET ADDRESS		
	4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
	5.2 NAME		
	5.3 STREET ADDRESS		
	5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
	6.2 NAME		
	6.3 STREET ADDRESS		
	6.4 CITY-ST-ZIP		

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:

*J. Thomas Armstrong*  
J. Thomas Armstrong, Pres.

5/1/00

Date

(407) 841-1550

Daytime Phone #

CR2E034 (1/198)