

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

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Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S27555 (9)**  
1. Corporation Name  
**LUMBERMEN'S CREDIT ASSOCIATION OF OCALA, INC.**



Principal Place of Business <b>300 NORTHWEST 82ND AVENUE SUITE 505 PLANTATION FL 33324</b>	Mailing Address <b>300 NORTHWEST 82ND AVENUE SUITE 505 PLANTATION FL 33324-7810</b>
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3. Date Incorporated or Qualified <b>01/25/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>701 E. COMMERCIAL BLVD</b> Suite, Apt. #, etc. 22 <b>4th Floor</b> City & State 23 <b>FT. LAUDERDALE FL</b> Zip 24 <b>33334-3261</b>	2a. Mailing Address 26 <b>701 E. COMMERCIAL BLVD</b> Suite, Apt. #, etc. 27 <b>4th Floor</b> City & State 28 <b>FT. LAUDERDALE FL</b> Zip 29 <b>33334-3261</b> Country 30 <b>USA</b>
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4. FEI Number <b>65-0241324</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SALIBA, VANBUREN A. 300 NORTHWEST 82ND AVENUE SUITE 505 PLANTATION FL 33324</b>	
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10. Name and Address of New Registered Agent 81 Name <b>SALIBA, VAN A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>701 E. COMMERCIAL BLVD</b> 83 <b>4th Floor</b> 84 City <b>FT. LAUDERDALE</b> FL 85 Zip Code <b>33334-3261</b>	
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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	<b>PST</b> <input type="checkbox"/> DELETE
NAME	<b>SALIBA, VANBUREN A.</b>
STREET ADDRESS	<b>300 N.W. 82ND AVENUE 505</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SALIBA, VANBUREN A.</b>
STREET ADDRESS	<b>300 N.W. 82ND AVENUE 505</b>
CITY-ST-ZIP	<b>PLANTATION FL</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	<b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SALIBA, VAN A.</b>
1.3 STREET ADDRESS	<b>701 E. COMMERCIAL BLVD 4th Floor</b>
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334-3261</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SALIBA, VAN A.</b>
2.3 STREET ADDRESS	<b>701 E. COMMERCIAL BLVD 4th Floor</b>
2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334-3261</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 do 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 recipient of whom is empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed or new appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 954-4747603

Date

Daytime Phone #

0283100

CR2E034 (9/96)