
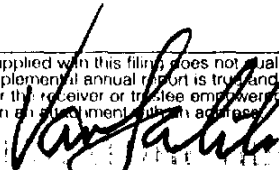


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S27555 (9) 1. Corporation Name LUMBERMEN'S CREDIT ASSOCIATION OF OCALA, INC.					
Principal Place of Business 701 E. COMMERCIAL BLVD. 4TH FLOOR FT. LAUDERDALE FL 33334-3261 US			Mailing Address 701 E. COMMERCIAL BLVD. 4TH FLOOR FT. LAUDERDALE FL 33334-3261 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/25/1991 4. FEI Number 65-0241324 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SALIBA, VANBUREN A. 701 E. COMMERCIAL BLVD. 4TH FLOOR FT. LAUDERDALE FL 33334			10. Name and Address of New Registered Agent 81 Name SALIBA, VAN A. 82 Street Address (P.O. Box Number is Not Acceptable) SAME 83 City SAME 84 City SQA 85 Zip Code FL		
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, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: VAN A. SALIBA, President Date: 4-16-98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE: PST NAME: SALIBA, VANBUREN A. STREET ADDRESS: 701 E. COMMERCIAL BLVD., 4TH FLOOR CITY-ST-ZIP: FT. LAUDERDALE FL TITLE: D NAME: SALIBA, VANBUREN A. STREET ADDRESS: 701 E. COMMERCIAL BLVD., 4TH FLOOR CITY-ST-ZIP: FT. LAUDERDALE FL TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME: SALIBA, VAN A. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME: SALIBA, VAN A. 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 amendment to this filing.					
SIGNATURE:  4-16-98 954-771-2100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)