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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

104 EAST THIRD AVENUE

DOCUMENT # \$83003

TOTAL LENDING SERVICES, INC.

104 EAST THIRD AVENUE

Mailing Address

(1)

And Land Land 97 APR 30 PH 3: 10 ECRETARY OF STATE LLAHASSEE FLORIDA



TALLAHASSEE	FL 32303	TALLAHASSEE FL 32303-6117			
				3. Date Incorporated or Qualified 09/26/1991	3a. Date of Last Report 08/13/1996
	Tace of Business E. TENN.ST	2a. Mailing Address	NIN CT	4. FEI Number 59-3083831	Applied For
21 977 E 12NN S 26 97 E 1			NN.ST.	08-000001	Not Applicable \$8.75 Additional
22	***	27	,	5. Certificate of Status Desired	Fee Required
City & State	HAGEE FL	City & State 28 CILLANASS S	s FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for in	
24 32808-	9. Name and Address of Current		ه لـ وص	Florida Statutes 10. Name and Address of New Rec	Yes No
COI	NIGLIO, MICHAEL J., P.A.	r ueglisteren wäetit	81 Name		T. T
	EAST THIRD AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)		
TAL	LAHASSEE FL 32303		Street Add	71 E TENN. ST	
			83		
			84 CITY	LAHASSEE	FL 85 Zip Code 828-6439
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statutes	, the above-named control	rporation submits this statement for the pu	rpose of changing its registered
agent La			da Statutes	ation's board of directors. I hereby accep	the appointment as registered
SIGNATURE	myh	MICHAEL J. C. (NOTE:	ON(SWID Registered Agent signature requ	4-29	DATE DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TIILE	PSTD	DELETE	1.1 TITLE		Change Addition
NAME	CONIGLIO, MICHAEL J.		1.2 NAME	971 E. TENN. ST	
STREET ACORESS	104 EAST THIRD AVE.		1.3 STREET ADDRESS	TAICAUA CORR D.	20mm / / / /2/
C:TY - ST - 7IP	TALLAHASSEE FL	December	1.4 CITY - ST - ZIP	MUAHASSEE HA	52505-6457
N*LF		☐ DELETE	2.1 TITLE		Change
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CHY+SI+7IP			2.4 CITY-ST-ZIP	8000021 -04/30/3 ****165	606886
TITLE		☐ DELETE	3.1 TITLE L	-04/30/	7 - 0 10 Blange Ult Addition
NAM:			3.2 NAME	****16	2.00 ****102.00
STREET ADDRESS			3.3 STREET ADDRESS		
CHY - ST - 76°			3.4. CITY-ST-ZIP		
101,1		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET A HORESS			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
City+St+7iP THLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
0HY-51-20			5.4 CITY - ST - ZIP		
TOLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
COLY ST ZIP			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 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.

SIGNATURE: