

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

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FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90010 049 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F95000000189

1. Corporation Name
TIDEWATER FINANCE COMPANY



Principal Place of Business: 565 CEDAR RD. CHESAPEAKE VA 23320

Mailing Address: P O BOX 15243 CHESAPEAKE VA 23328 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1995

21	2. Principal Place of Business	2a. Mailing Address	26	P.O. Box 15263		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27			
23	City & State	City & State	28	Chesapeake Va		
24	Zip	Country	29	23328	30	US

4. FEI Number: **54-1650513**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election, Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANDLER, ART	
STREET ADDRESS	565 CEDAR RD.	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANDLER, STEVE	
STREET ADDRESS	565 CEDAR RD.	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BENSON, NATHAN	
STREET ADDRESS	565 CEDAR RD.	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOTLIEB, RAYMOND	
STREET ADDRESS	565 CEDAR RD.	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUN 22 1999
 Date: _____ Daytime Phone #: **757-436-0028**

CR2E034 (1/198)