CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000006497)

AMERICAN CREDIT & DEBT MANAGEMENT, INC.

Principal Place of Business

Mailing Address

FILED Jul 06, 1999 8:00 am Secretary of State

07-06-1999 90001 018 ****61.25

| Principal Place of Business Za. Mailing Address | | Date Incorporated or Qualifed | |
|--|----------------------------|---|-----------------------------------|
| 21 3145 S. FEDERAL HICHWAY 28 3145 S. FEDE | RAL HIGHWAY | 11-18 - 97 | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | 4. FEI Number | Apolied For |
| 22 27 - 27 | | 31-1588295 | Not Applicable |
| City & State City & State BEACH FL. 20 DEL PAY BEACH | ACH FL. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 DELKHY DELLY, 1 10 DELKHY | Country | | |
| Zip Country Zip 24 23483 25 USA 29 33483 31 | n ilan | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 33483 25 USA 29 33483 31 | <u> </u> | 10. Name and Address of New Registered | |
| 9. Name and Address of Culterit Registered Agent | 81 Name | 2 1/ | |
| · · · | | YOSHEN HADULLA | |
| | 82 Street Addre | ss (P.O. Box Number is Not Acceptable) MONTE CARLO WAY | |
| • | 83 | MIONIC CARCO VOHI | |
| | | | |
| | 84 City Cn C | RAL SPRINGS, FL | 35 Zio Code 3307/ |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, | the above named como | ration submits this statement for the numose o | changing its registered |
| office or registered agent or both in the State of Honda. Such change was auti- | torized by the corporation | n's board of directors. I hereby accept the appo | intment as registered |
| agent. I am familiar with, and accept the obligations of Section 817.0503, Flond | 3 Statutes. | ^ | |
| SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (NOTE: Re | DSHEN HADUL | | |
| 12. OFFICERS AND DIRECTORS | 13, | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE DELETE! | 1.1 TILE D S | SHROFF, ZARIN | Change DAddition |
| NAME SMITH, RAHN F. | 12 NAME | | n / |
| STREET ADDRESS 5776 NORTH POINTE LANE | 1.3 STREET ADDRESS | 1864 MONTE CARLE WA | 1 |
| CITY-ST-ZP BOYNTON BEACH, PL. 33437-2018 | 1.4 CITY-51-ZIP | CORAL SPRINGS, FL. 3 | 3c71 |
| TITLE D - TREASULER DELETE | 2.1 TITLE | | Change Accition |
| | 22 NAME | | |
| STREET ADDRESS 2920 N.W. 41st St. | 2.3 STREET ADDRESS | • | |
| $A \cap A \cap C \cap A \cap $ | 2.4 CITY-ST-ZIP | | |
| | 3.1 TITLE | | ☐ Change ☐ Addition |
| Δ | 32 NAME | | |
| STREET ADDITE A ROSHEN STREET ADDRESS 1864 MONTE CARLO WAY | 3.3 STREET ADDRESS | | |
| CTY-ST-ZP CORAL SPRINGS FL. 33071 | 3.4. City-ST-ZIP | | |
| CORAL SPRINGS FL. 33071 | 4.1 TITLE | | Change Addition |
| KARANI, PHIL (DECEASED) | 4.2 NAME | | |
| STREET ADDRESS | 4.3 STREET ADDRESS | | |
| CITY-ST-ZP | 44 CITY-ST-ZIP | | |
| OFIETE | 5.1 TITLE | | Change Addition |
| NAME 3 | 5.2 NAME | | |
| STREET ADDRESS | 53 STREET ADDRESS | | |
| CITY-ST-ZP | 5 4 CRY-ST-ZP | | |
| TITLE DELETE | 6.1 TITLE | | Change Addition |
| NAME | 6.2 NAME | • | |
| STREET ADDRESS | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 84 CITY-ST-ZIP | | |
| 14. Thereby certify that the information supplied with this filing does not qualify for th | e exemption stated in Se | ction 119.07(3VI). Florida Statutes, I further ce | rufy 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 617, 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.