

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

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000058998 (4)**  
 1. Corporation Name  
**KENDALL CREDIT AND BUSINESS SERVICE, INC.**



Principal Place of Business <b>7990 SW 117 AVE                  SUITE 135                  MIAMI FL 33183                  US</b>	Mailing Address <b>8900 N. KENDALL DR.                  FINANCE DEPT.                  MIAMI FL 33176</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/18/1993**

2. Principal Place of Business	2a. Mailing Address
21 <b>7990 SW 117 AVE</b>	26 <b>6855 RED ROAD</b>
Suite, Apt. #, etc. 22 <b>SUITE 100</b>	Suite, Apt. #, etc. 27 <b>SUITE 600</b>
City & State 23 <b>MIAMI, FL</b>	City & State 28 <b>CORAL GABLES, FL</b>
Zip 24 <b>33183</b>	Country 25 <b>USA</b>
	Zip 29 <b>33143</b>
	Country 30 <b>USA</b>

4. FEI Number  
**65-0434778** Applied For  Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**LEHMAN, JODY  
 8900 N. KENDALL DR.  
 MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name **LEHMAN, JODY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6855 RED ROAD**

83 **SUITE 600**

84 City **CORAL GABLES FL** 85 Zip Code **33143**

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 *Jody Lehman* *Jody Lehman* *4/1/98*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>KEELEY, BRIAN E</b>	
STREET ADDRESS	<b>8900 N. KENDALL DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>HUNTLEY, LEE S</b>	
STREET ADDRESS	<b>8900 N KENDALL DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>CONDON, EDWARD L</b>	
STREET ADDRESS	<b>7990 SW 117 AVE, SUITE 135</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>LAWSON, RALPH E</b>	
STREET ADDRESS	<b>8900 N. KENDALL DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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

SIGNATURE *Lee S Huntley* *Lee S Huntley* *1150 S Huntley* *1150 S Huntley*

CR2E034 (10/97)