

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

FILED
Jun 19 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 #
 1. Corporation Name

890222

SECOND CHANCE A.C.L.F. INC.

Principal Place of Business

Mailing Address

**226 FIRENZE AVE W.
 VENICE FL. 34285**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
October 28, 1991.

4. FFI Number
65-0367917

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

26

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERESA KOZLOWSKI

403 BAYSHORE DR.
VENICE, FL 34285

81 Name **TERESA KOZLOWSKI**

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

83

84 City **Venice** FL 85 Zip Code **34285**

11. Pursuant to the provisions of Sections 607.050 and 607.051, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both. The State of Florida and change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of the Florida Statutes, Chapter 607, 2005, Florida Statutes.

SIGNATURE 

5/12/98

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> ADD
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TERESA KOZLOWSKI
13 STREET ADDRESS	403 BAYSHORE DR
14 CITY-ST-ZIP	VENICE, FL 34285
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 ***158.75

14. I hereby certify that the information furnished on this form is true and complete to the best of my knowledge and belief, and that I am an officer or director of the corporation. I am familiar with the provisions of the Florida Statutes, Chapter 607, 2005, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE: 

5/12/98 (441) 4856451

CR2E034 (10/97)