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FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000013422 (5)

1. Corporation Name

21ST CENTURY CREDIT LEASING SERVICES, INC.

Principal Place of Business

Mailing Address

620 LAVER'S CIRCLE #324
DELRAY BEACH FL 33444
4532 Tamiami Trl. East
Stc. 303
Naples, FL 34112

620 LAVER'S CIRCLE #324
DELRAY BEACH FL 33444
4532 Tamiami Trl. East
Stc. 303
Naples, FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1997

4. FEI Number

65-0731288

Applied For

Not Applicable

2. Principal Place of Business

21 4532 Tamiami Trail East

23 Naples, Florida

24 Zip 34112

25 Country USA

2a. Mailing Address

26 4532 Tamiami Trail East

28 Naples, Florida

29 Zip 34112

30 Country USA

Trust Fund Contribution

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

SCHMIDT, DAVID W
100 N.E. FIFTH AVE.
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

Donald, Peter J.

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

6040 Yacht Harbor Drive #203

83

84 City

Naples

FL

85 Zip Code

34112

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


Signed and typed or printed name of registered agent and the filer if applicable

PETER J. DONALD
(NOTE: Registered Agent signature required when reinstating)

1/10/98
DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

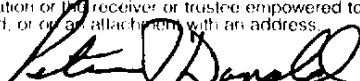
6.2 NAME

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:



Peter J. Donald

1/20/98

(941)417 5699

CR2E034 (10/97)