

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90107 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 157967			
1. Corporation Name TIME CREDIT CO			
Principal Place of Business 1 BEN FRANKLIN DR., PH. 2 SARASOTA FL 34236		Mailing Address 1 BEN FRANKLIN DR., PH. 2 SARASOTA FL 34236	
2. Principal Place of Business 21 545 Sanctuary Drive Suite, Apt. #, etc. 22 B-606 City & State 23 Longboat Key FL Zip 24 34228 Country 25 USA		2a. Mailing Address 26 545 Sanctuary Drive Suite, Apt. #, etc. 27 B-606 City & State 28 Longboat Key FL Zip 29 34228 Country 30 USA	
9. Name and Address of Current Registered Agent LEWIN, ROBERT 1 BEN FRANKLIN DR, PH2 SARASOTA FL 33577			
10. Name and Address of New Registered Agent 81 Name Robert Lewin 82 Street Address (P.O. Bpx Number is Not Acceptable) 83 545 Sanctuary Drive, B-606 84 City Longboat Key FL 85 Zip Code 34228			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	GRAY, SALLY		
STREET ADDRESS	3342 CABBAGE AVE		
CITY-ST-ZIP	ORLANDO FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	GRABLE JANE		
STREET ADDRESS	1259 NE 97TH STREET		
CITY-ST-ZIP	MIAMI SHORES, FL 00000		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	LEWIN, ROBERT		
STREET ADDRESS	1 BEN FRANKLIN DR, PH2		
CITY-ST-ZIP	SARASOTA FL		
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			
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	Lewin, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	545 Sanctuary Drive, B-606		
3.3 STREET ADDRESS	Longboat Key, FL 34228		
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			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/06/1949	
4. FEI Number 59-0609909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)