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

02-24-1999 90139 034 ***150.00

KZEU34 (11/98)

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	394293
A Companion Name		

1. Corporation Name

AMERICAN BANCREDIT CORPORATION				*****										
Principal Plac	e of Business	Mailing Ad	dress					\	00100 11110 10111 1					
4641 S. UNIVEI			IIVERSITY DRIV	Æ			}							
DAVIE FL 3332	8	DAVIE FL 3	3328						DO N	NOT WRIT	TE IN THI	S SPACE		
							3	Date In	corporated or		L 114 1111			
									/1972					
2. Principal P	Place of Business	2a. Mailing	Address				4.	FEI Nu	, _			•	Appl	ied For
21		26						<u>59-14</u>	39614					Applicable
Suite, Apt.	#, etc.		Apt. #, etc.				5.	Certifca	ate of Status D	esired		¥	5 Ad Requ	ditional iired
City & Stat	te	27 City & 3	State					Election	n Campaign Fi	inancina:				ay Be
23		28					6.		und Contributi				ed to	•
Zip	Country	Zip		Cou	intry		8.	This co	rporation owe	s the curre	ent year l			
24	25	29		30					al Property Ta				5	(No
·	9. Name and Address of Curre	nt Registered Ac	gent		81	Name	10	. Name :	and Address	of New R	egistere	d Agent		<u> </u>
SAV	AGE, SHERWOOD D													<u> </u>
	I S. UNIVERSITY DRIVE				82	Street A	Address (I	P.O. Box	Number is No	t Accepta	ble)			
DAV	IE FL 33328				83									
					84	City						85 Z	ip Co	de .
						-					F	┗╻╽	· 	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such	change was a	authorized	1 by t	the corpor	orporation's b	n submits oard of d	s this statemei irectors. I here	nt for the telephone	t the app	or changing ointment as	regis	tered
SIGNATURE	Signature, typed or printed name of registered eg.	and and title if a unknowle	- (NOT	E Registered	Accet	elonaturo rec	nuired when	reinstation			DATE	·		
12.		ND DIRECTORS	, (NOTE	13.	Ауви	agratore rec		-	NS/CHANGE	S TO OFF		ND DIREC	TOR	3 IN 12
TITLE	D		DELETE	1.1 TD	TLE .							Chan		Addition
NAME	NEVILLE, CYNTHIA			1.2 NA	WE.			- u/.	7	\mathcal{D}	7	١_		
STREET ADDRESS	- 759 BIANCO CT			1.3 ST	REET.	ADDRESS	1/		1001	\wedge_A	$\gamma \omega$	R.		2
CITY-ST-ZIP	- DAVIS CA-						11/	117	12.17	` ^3			4	<u> </u>
TITLE	D				TY-ST	-ZIP	SRA	177 155	VAILE	e, Co	<u>a.</u>	959	-	F-1 - 1 000
NAME			DELETE	2.1 ™	ΠE	-ZIP	SRA	755	VAILE	e Co	<u>a</u> . '	959 Chan	36	Addition
STREET ADDRESS	HENDY, DIANA		DELETE	2.1 TT 2.2 NA	nle Me		5RA	755.	VAIle	e Co	<u>a.</u> '	959 Chan	je /	Addition
	4799 MENDOCINO TERRACE		DELETE	2.1 TTI 2.2 NA 2.3 ST	TLE NME REET	ADORESS	SRA	777 755.	VAIle	e Co	<u>a</u> . '	959 Chan	ge /	☐ Addition
CITY-ST-ZIP	4799 MENDOCINO TERRACE FREMONT CA			2.1 TTI 2.2 NA 2.3 ST 2.4 CI	TLE AME REET	ADORESS	SR#	755	VAIle	e Co	<u>a.</u>	Chan	ge /	Addition
CITY-ST-ZIP	4799 MENDOCINO TERRACE FREMONT CA D		☐ DELETE	2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII	TLE AME TREET TTY-ST	ADORESS	SRA	755	VAlle	e Co	<u>a</u> . '	959 Chan	ge /	Addition Addition
CITY-ST-ZIP TITLE NAME	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK			2.1 TTT 2.2 NA 2.3 ST 2.4 CT 3.1 TTT 3.2 NA	TLE TREET TY-ST TLE TAME	ADDRESS I-ZIP	SRA	755	VAIle	re, Co	<u>a</u> . '	Chan	ge /	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA			2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	TLE TREET TY-ST TLE AME REET	ADDRESS 1-ZIP ADDRESS	GR#	755	VAIle	e Co	<u>a</u> . '	Chan	ge /	Addition
CITY-ST-ZIP TITLE NAME	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA BROWNSVILLE OH			2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	TLE TREET, TLE TME TREET, TLE TREET, TTY-ST	ADDRESS 1-ZIP ADDRESS	SR#	P55	VAIle	e Co	<u>a</u> . '	Chan	ge /	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA		DELETE	2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI	TLE TREET TLE TME TREET TLE TME TTY-ST TLE TTY-ST TLE	ADDRESS 1-ZIP ADDRESS	5R#	<i>PS</i> 5	VAILE	<u></u>	<u>a. '</u>	☐ Chan	ge /	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA BROWNSVILLE OH DP		DELETE	2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA	TLE TREET, TLE AME REET, TLE TY-ST TLE AME TY-ST TLE AME	ADDRESS 1-ZIP ADDRESS	5 R H	755	VAILE	<u></u>	<u>a</u> . '	☐ Chan	ge /	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA BROWNSVILLE OH DP SAVAGE, SHERWOOD D		DELETE	2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV	TLE TREET, TLE AME REET, TLE TY-ST TLE AME TY-ST TLE AME	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS	5 R H	755	VAILE	<u></u>	a. '	Chan	ge	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA BROWNSVILLE OH DP SAVAGE, SHERWOOD D 4641 S. UNIVERSITY DR.		DELETE	2.1 TIII 2.2 NA 2.3 S7 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII	TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS	5 R H	755	VAILE	e Co	a. '	Chan	ge	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA BROWNSVILLE OH DP SAVAGE, SHERWOOD D 4641 S. UNIVERSITY DR.		DELETE	2.1 TIII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA	TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP	5 R H	755	VAIle	<u></u>	a. '	Chan	ge	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA BROWNSVILLE OH DP SAVAGE, SHERWOOD D 4641 S. UNIVERSITY DR.		DELETE	2.1 TIII 22 NA 23 ST 2.4 CI 3.1 TII 32 NA 33 ST 34. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	TLE TY-ST TLE AME TY-ST TLE TY TY-ST TLE TY	ADDRESS I-ZIP ADDRESS I-ZIP ADDRESS -ZIP ADDRESS	5 R H	755	VAILE	e, C	a. '	Chan	ge	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA BROWNSVILLE OH DP SAVAGE, SHERWOOD D 4641 S. UNIVERSITY DR.		DELETE	2.1 TIII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	TLE TY-ST TY-ST TY-ST TY-ST	ADDRESS I-ZIP ADDRESS I-ZIP ADDRESS -ZIP ADDRESS	SRH	755	VAILE	<u></u>	a. '	Chan	gge	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA BROWNSVILLE OH DP SAVAGE, SHERWOOD D 4641 S. UNIVERSITY DR.		DELETE	2.1 TIII 22 NA 23 ST 2.4 CC 3.1 TII 32 NA 33 ST 34. CC 4.1 TII 4.2 NA 4.3 ST 4.4 CC 5.1 TII 5.2 NA 5.3 ST 5.4 CC 6.1 TII	TILE AME REET, TY-ST TILE AME REET, TY-ST- TILE TY-ST- TILE TY-ST- TILE TY-ST- TILE TY-ST- TILE TY-ST- TILE	ADDRESS I-ZIP ADDRESS I-ZIP ADDRESS -ZIP ADDRESS	SRH	755	VAILE	e, Co	a. '	Chan	gge	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	4799 MENDOCINO TERRACE FREMONT CA D CAUDILL, MARK P.O. BOX 33,NA BROWNSVILLE OH DP SAVAGE, SHERWOOD D 4641 S. UNIVERSITY DR.		DELETE	2.1 TIII 22 NA 23 ST 2.4 CI 3.1 TII 32 NA 33 ST 34. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TII 6.2 NA	TILE AME REET, TY-ST TITY-ST TITY-ST TY-ST- TILE ME REET, TY-ST- TY-ST- TILE ME REET, TY-ST- TILE ME ME ME ME ME ME MME	ADDRESS I-ZIP ADDRESS I-ZIP ADDRESS -ZIP ADDRESS	SRH	755	VAILE	e Co	a. '	Chan	gge	Addition

14. I hereby certify that the information supplied with this filling 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 occiver 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #