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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:48

DOCUMENT # 853023 (0)

1. Corporation Name

J. T. A. FACTORING, INC.

Principal Place of Business	Mailing Address
880 S PLEASANTBURG DR BLDG#3 #F PO BOX 6704, STATION B GREENVILLE, S. C. 29606	880 S PLEASANTBURG DR BLDG#3 #F PO BOX 6704, STATION B GREENVILLE, S. C. 29606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 06/01/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 57-0966367 — Applied For / Not Applicable

State, Apt. #, etc. — 22
State, Apt. #, etc. — 27

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

Zip — 24
County — 25
Zip — 29
County — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

COHN, ROY W. ESQ
3321 HENDERSON BLV
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	[ ] Change [ ] Addition
12 NAME	ALLEN, JOE T.	12 NAME	
13 STREET ADDRESS	880 S. PLEASANTBURG DR. #F	13 STREET ADDRESS	
14 CITY ST ZIP	GREENVILLE SC 29607	14 CITY ST ZIP	
21 TITLE	VT	21 TITLE	[ ] Change [ ] Addition
22 NAME	HOLDEN, BRIAN K.	22 NAME	
23 STREET ADDRESS	880 S. PLEASANTBURG DR.	23 STREET ADDRESS	
24 CITY ST ZIP	GREENVILLE FL 29607	24 CITY ST ZIP	
31 TITLE	VS	31 TITLE	[ ] Change [ ] Addition
32 NAME	HARVELL, RUBY P.	32 NAME	
33 STREET ADDRESS	880 S. PLEASANTBURG DR.	33 STREET ADDRESS	
34 CITY ST ZIP	GREENVILLE SC 29607	34 CITY ST ZIP	
41 TITLE	VP	41 TITLE	[ ] Change [ ] Addition
42 NAME	J. TIM ALLEN	42 NAME	
43 STREET ADDRESS	880 S. PLEASANTBURG DRI.	43 STREET ADDRESS	
44 CITY ST ZIP	GREENVILLE, S.C. 29606	44 CITY ST ZIP	
51 TITLE		51 TITLE	[ ] Change [ ] Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	[ ] Change [ ] Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. To the best of my knowledge, the information supplied with this blank is voluntarily furnished and 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 added to the report.

SIGNATURE: _____ JOE T. ALLEN, PRES. 2/8/95 803 271-4384
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0476202 FP