

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

FILED
Apr 27 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 # 853023 (0)
1. Corporation Name
J. T. A. FACTORING, INC.

Principal Place of Business
25 Woods Lake Rd Suite 102
880 S PLEASANTBURG DR BLDG 73 #1
PO BOX 6704. STATION B
GREENVILLE. S. C. 29606

Mailing Address
880 S PLEASANTBURG DR BLDG 73 #1
PO BOX 6704. STATION B
GREENVILLE. S. C. 29606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1982 12/22/92	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 57-0966367		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 607.1508, 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

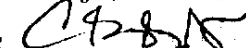
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DEBONDT, CHRISTINA G <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBONDT, CHRISTINA G	1.2 NAME	BRODERICK LEONARD F.
STREET ADDRESS	880 S PLEASANTBURG DR	1.3 STREET ADDRESS	25 Woods Lake Rd Suite 102
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	Greenville SC 29606
TITLE	EVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITZMILLER, MICHAEL J	2.2 NAME	DEBONDT CHRISTINA G
STREET ADDRESS	880 S. PLEASANTBURG DR.	2.3 STREET ADDRESS	25 Woods Lake Rd Suite 102
CITY-ST-ZIP	GREENVILLE FL	2.4 CITY-ST-ZIP	Greenville SC 29606
TITLE	EVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director of Credit <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBONDT, CHRISTINA see above	3.2 NAME	WELBORN JAMES
STREET ADDRESS	880 S. PLEASANTBURG DRIVE	3.3 STREET ADDRESS	25 Woods Lake Rd Suite 102
CITY-ST-ZIP	GREENVILLE S.	3.4 CITY-ST-ZIP	Greenville SC 29606
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  CHRISTINA G. DEBONDT 3/4/98 (864) 271-4384

CR2E034 (10/97)