

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **F94000001790 (4)**

1. Corporation Name

HERITAGE CREDIT SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2200 VEHICLE DR SUITE 100 RANCHO CORDOVA CA 95670	2200 VEHICLE DR SUITE 100 RANCHO CORDOVA CA 95670

3. Date Incorporated or Qualified 04/08/1994	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 68-0171926	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRAZIER, CHARLES E 8325 NW 53RD ST #223 MIAMI FL 33166	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, OREN M	1.2 NAME	
STREET ADDRESS	6445 CHESBRO CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RANCHO MURIETA CA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MARGO A	2.2 NAME	
STREET ADDRESS	6445 CHESBRO CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RANCHO MURIETA CA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, GREG	3.2 NAME	
STREET ADDRESS	7300 GOLDWOOD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS HEIGHTS CA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE VOUS, LARRYNE	4.2 NAME	
STREET ADDRESS	8120 POULSON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS HEIGHTS CA	4.4 CITY-ST-ZIP	
TITLE		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		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 do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chas M Hall OREN M HALL 1/11/95 (916) 638-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Number