

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001790 (4)**

1. Corporation Name

HERITAGE CREDIT SERVICES, INC.



Principal Place of Business

2280 VEHICLE DR
SUITE 100
RANCHO CORDOVA CA 95670

Mailing Address

2280 VEHICLE DR
SUITE 100
RANCHO CORDOVA CA 95670

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BRAZIER, CHARLES E
8325 NW 53RD ST #223
MIAMI FL 33168

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

04/08/1994

3a. Date of Last Report

01/19/1995

4. FEI Number

68-0171926

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETED
NAME	HALL, OREN M	
STREET ADDRESS	6445 CHESBRO CIRCLE	
CITY-STATE-ZIP	RANCHO MURIETA CA	
TITLE	S	<input type="checkbox"/> DELETED
NAME	HALL, MARGO A	
STREET ADDRESS	6445 CHESBRO CIRCLE	
CITY-STATE-ZIP	RANCHO MURIETA CA	
TITLE	V	<input type="checkbox"/> DELETED
NAME	MCINTOSH, GREG	
STREET ADDRESS	7300 GOLDWOOD WAY	
CITY-STATE-ZIP	CITRUS HEIGHTS CA	
TITLE	V	<input type="checkbox"/> DELETED
NAME	DE VOUS, LARRYNE	
STREET ADDRESS	8120 POULSON ST	
CITY-STATE-ZIP	CITRUS HEIGHTS CA	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	9462 Croker Road
13.12 CITY-STATE-ZIP	Granite Bay, CA 95746
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.073(6), 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 or person 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:

Oren M Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Oren M Hall

3/13/96
DATE

(416) 638-4411
PHONE NUMBER

CR2E034 (12/95)