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FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 95670-2872

3. Date Incorporated or Qualified: 04/08/1994  
3a. Date of Last Report: 03/20/1996  
4. FEI Number: 68-0171926  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country  
30 Zip Country

9. Name and Address of Current Registered Agent  
BRAZIER, CHARLES E  
8025 NW 53RD ST #228  
MIAMI FL 33166

10. Name and Address of New Registered Agent  
81 Name: same  
82 Street Address (P.O. Box Number is Not Acceptable): 8525 NW 53rd Terrace, Suite #220  
83 City: same  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALL, OREN M	
STREET ADDRESS	6445 CHESBRO CIRCLE	
CITY - ST - ZIP	RANCHO MURIETA CA	
TITLE	<del>S</del>	<input type="checkbox"/> DELETE
NAME	<del>HALL, MARGO A</del>	
STREET ADDRESS	<del>6445 CHESBRO CIRCLE</del>	
CITY - ST - ZIP	<del>RANCHO MURIETA CA</del>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCINTOSH, GREG	
STREET ADDRESS	9462 CROKER ROAD	
CITY - ST - ZIP	GRANITE BAY CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DE VOUS, LARRYNE	
STREET ADDRESS	8120 POULSON ST	
CITY - ST - ZIP	CITRUS HEIGHTS CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V Brent M. Hall
2.3 STREET ADDRESS	2280 Vehicle Drive, Suite 100
2.4 CITY - ST - ZIP	Rancho Cordova, CA 95670
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: \* Brent M. Hall REQUIRED 916-638-4411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)