

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

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PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # F94000001790 (4)
 1. Corporation Name

HERITAGE CREDIT SERVICES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

06/18/99 90007023 \$550.00



REINSTATEMENT 98-00
 DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2280 VEHICLE DR 2280 VEHICLE DR
 SUITE 100 SUITE 100
 RANCHO CORDOVA CA 95670 RANCHO CORDOVA CA 95670

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 24 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
 04/08/1994
 4. FEI Number Applied For
 68-0171926 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 BRAZIER, CHARLES E
 8325 NW 53RD ST #223
 MIAMI FL 33166

10. Name and Address of New Registered Agent
 81 Name CT Corporation System
 82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
 83
 84 City Plantation FL 85 Zip Code 33324

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 *E.A. Wallace* E.A. Wallace, Asst. Secretary 06/15/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, OREN M	
STREET ADDRESS	6445 CHESBRO CIRCLE	
CITY-ST-ZIP	RANCHO MURIETA CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HALL, BRENT M	
STREET ADDRESS	2280 VEHICLE DRIVE STE 100	
CITY-ST-ZIP	RANCHO CORDOVA CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCINTOSH, GREG	
STREET ADDRESS	9462 CROKER ROAD	
CITY-ST-ZIP	GRANITE BAY CA	
TITLE	V	<input checked="" 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS J. DEPPING	
1.3 STREET ADDRESS	CHASE TOWER, 70TH FLOOR, 600 TRAVIS STREET	
1.4 CITY-ST-ZIP	HOUSTON, TX 77002	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANDY HO	
2.3 STREET ADDRESS	CHASE TOWER, 70TH FLOOR, 600 TRAVIS STREET	
2.4 CITY-ST-ZIP	HOUSTON, TX 77002	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	5.000003172465	
3.4 CITY-ST-ZIP	-03/16/00--01058--003	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	****500.00 ****500.00	
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 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: *SANDY B. HO* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/29/99 Date
 (713) 332-0088 Daytime Phone #

CR2E034 (5/98)