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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90137 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003796

1. Corporation Name
HOMEAMERICAN CREDIT, INC.

Principal Place of Business
**111 PRESIDENTIAL BOULEVARD, SUITE 215
BALA CYNWYD PA 19004**

Mailing Address
**111 PRESIDENTIAL BOULEVARD, SUITE 215
BALA CYNWYD PA 19004**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1995

4. FEI Number

23-2646780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

83

SUITE 105

84 City

TALLAHASSEE

FL

85 Zip Code

32301

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 *Maureen Cullen* **ASST. VICE - PRESIDENT** **4/20/99**
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 **DT** ☐ DELETE

NAME **SANTILLI, ANTHONY J JR**

STREET ADDRESS **111 PRESIDENTIAL BOULEVARD, SUITE 215**

CITY-ST-ZIP **BALA CYNWYD PA**

TITLE **VGC** ☐ DELETE

NAME **RUBEN, JEFFREY M**

STREET ADDRESS **111 PRESIDENTIAL BOULEVARD, SUITE 215**

CITY-ST-ZIP **BALA CYNWYD PA**

TITLE **SV** ☐ DELETE

NAME **SANTILLI, BEVERLY**

STREET ADDRESS **111 PRESIDENTIAL BOULEVARD, SUITE 215**

CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE **P** ☐ DELETE

NAME **BLYTHE, JAMES**

STREET ADDRESS **111 PRESIDENTIAL BLVD. STE. 215**

CITY-ST-ZIP **BALA CYNWYD PA**

TITLE **V** ☐ DELETE

NAME **LEVIN, DAVID M**

STREET ADDRESS **111 PRESIDENTIAL BLVD SUITE 215**

CITY-ST-ZIP **BALA CYNWYD PA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *David M. Levin* **RECEIVED ON LEVIN SVCP** **4/16/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)