F960000566

SUBJECT: Champion Financial Services, Inc. (Name of corporation - must	include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A Florida", "Certificate of Existence", and check are submoreign corporation to transact business in Florida.	Authorization to Transact Business in litted to register the above referenced
Please return all correspondence concerning this matter	—— ⊼'C')
Steven P. Johnson, Esq.	FILED -2 AM
(Name of Person Champion Financial Services, Inc. (Firm/Company)	100001703831 -02/01/9601010003
2525 East Camelback Road, Suite 51 (Address)	0 *****78.75 *****78.75
Phoenix, Arizona 85016 (City/State/Zip)	
Should you need to call someone concerning this matter,	please call:
Steven P. Johnson	at (602) 852-6605
(Name of Person)	(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

TO:

Qualification/Tax Lien Section Division of Corporations

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	estimated the second second second			
	Champion Financial Services. Inc. (Name of corporation: must include the word "INCORPO abbreviations of like import in language as will clearly ind person or partnership if not so contained in the name at pr	RATED", "COMPANY", "CORPORATION" or icate that it is a corporation instead of a natural esent.)	words	or
2.	Arizona	3 86_0644769		
(S	tate or country under the law of which it is incorporated)	(FEI number, if applicable)	
4.	October 23, 1989	5. Perpetual		
	• •	(Duration: Year corp. will cease to exist or "	berbijm	可留
6	3. 86-0644768 (FEI number, if applicable) stober 23, 1989 (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual") short 1, 1996 Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) nampion Financial Services, Inc. 3. Perpetual (Duration: Year corp. will cease to exist or "perpetual") short 1, 1996 (Current mailing address) (Current mailing address) es Finance Company se(s) of corporation authorized in home state or country to be carried out in the state of the and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT pitable) Name: Diana Sue Cox			
	(Nate that a susseined adottices his Lifetion (SEE SECTION	Na 607.1301, 607.1302, AND 817.133, F.S.)	1	32
7.	Champion Financial Services, Inc.		·	
				13:2
_	2525 East Camelback Road, Suite 510,	Phoenix, Arizona 85016		三百
-	(Current maili	ing address)		5 C
æ	Sales Finance Company surpose(s) of corporation authorized in home state or count orida)	ry to be carried out in the state of	,.	
9. N	Name and street address of Florida registered cceptable)	l agent: (P.O. Box or Mail Drop Box I	TOM	
	Name: Diana Sue Cox			
Offic	ce Address: 6220 South Orange Blosson T	<u>rail,</u> #196		
	Orlando	, Florida , 32809		
10. 1	Registered agent's acceptance:	, Florida , 32809 (Zip Code)		
regis all st	ng been named as registered agent and to acce oration at the place designated in this applicati teral agent and agree to act in this capacity. I atutes relative to the proper and complete perfo accept the obligations of my position as register	ion, I hereby accept the appointment as further agree to comply with the provis ormance of my duties, and I am familia	sione o	f ·
	Su C			
	(Registered agen	it's signature)		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Address: Vice Chairman:____ Address: Director: Staven P. Johnson Address: 2525 East Camelback Road, Suite 510, Phoenix, Arizona 85016 Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) 三 President: Walter T. Vonsh Address: 2525 East Camelback Road, Suite 510, Phoenix, Arizona Vice President: __Steven_P._ Johnson Address: 2525 East Camelback Road, Suite 510, Phoenix, Arizona 85016 Secretary: Steven P. Johnson 2525 East Camelback Road, Suite 510, Phoenix, Arizona 85016 Treasurer: Steven T. Darak 2525 East Camelback Road, Suite 510, Phoenix, Arizona 85016 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Steven P. Johnson, Vice President

(Typed or printed name and capacity of person signing application)

spiate of Arison,

OFFICE OF THE

CORPORATION COMMISSION

16 FEB -2 AN 3:

To all to Whom these Presents shall Come, Greeting:

I, the Executive Secretary of the Arizona Corporation Commission, DO HEREBY

***CHAMPION FINANCIAL SERVICES, INC. ***

a Domestic Corporation organized under the laws of the State of Arizona, did incorporate on October 20, 1989

I FURTHER CERTIFY that this corporation has filed all affidavits and annual reports and paid all annual filing fees required to date and, therefore, is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 29th day of January,

......

James Matthews
Executive Secretary

By alma Costillo

C/F: 0042 Rev. 8/94

Vantannnnnan manananananananananananan

Document Number Only

F9600000566

CT CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street
Address
Tallahassec, Ft J2301 222-1092
Chy State Zhp Phone

CORPORATION(S) NAME

100001801181 -04/30/96--01071--006 *****35.00 *****35.00

hampion Financial Services 36 () Profit () NonProfit () Amendment () Merge () Foreign () Dissolution/Withdrawal () Mark () Limited Partnership () Annual Report () Reinstatement () Other () Reservation Change of R.A. () Certified Copy ()Fic. Name () Photo Copies () CUS () Call When Ready () Call if Problem Walk In () After 4:30 () Mail Out Pick Up

Name Avallability Document Examiner Updater Verifler Acknowledgment

4-30

PLEASE RETURN EXTRA COPIES
FILE STAMPED

4/30

CR2E031 (1-89)

W.P. Verlier

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

rursuant to the prov the undersigned submits the follow both, in the State o	isions of sections 50 corporation org ving statement in d f Florida.	7.0502, 61 anized un order to ch	7.0502, 607.1508, or der the laws of th ange its registered of	617.15 e State lica or i	08, Flori of _i egistere	da Sta Ariza ad aga	ettit on a
			ON FINANCIAL SER			S.	<u>- 7;</u>
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1b. The mailing add	trass of the course			_	355	0 1	")
2525 F Camp 1	hass of the corpora	100n is :			ш.с.	_골:_	- 100
2323 D. Cameri	Dack Road, Suit	e 510, p	hoenix, Arizona	8501		2:	_ [;]
1c. Date of incorpo	ration: 2/2/96 (qua	alified)	_ Document number:	F9600	5000566 5000566	# -	
2. The name and a	address of the curre	ent registere	ed agent and office:				
	lana Sue Cox						
6	220 S. Orange Blo	ssom Trail	Suite 196	-			
	rlando, Florida		7 - 442.0 150	-			
				-			
The name and add	iress of the new rep	gistered age	ent and office:(P.O. Bo	x Not Ac	entable)		
C '	T CORPORATION SYS	TEM					
12	00 South Pine Isla	and Road		•			
							
	antation, Florida						
egistered agent, as c	off its registered off thanged, will be ide	ice and the	street address of the	ne busir	ess off	ice o	f it
uch change was au	thorized by resolution	on duly ado	pted by its board of o	··	ē		_
o authorized by the	board	on day add	pred by its board of d	irectors	or by a	ın offi	Ce
- Cerris	2.505	-	April 1	8 196	a (_		
(Signature of an offi	icer, chairman or of the board)		\ (8 (9)	10	_	
Heven P. John	- Secretary						
(Printed or typed ru	ame and ride	-					
aving been named a proration, i hereby a further agree to con prformance of my di distered agent	as registered agent accept the appoint apply with the provisuities, and I am fan	and to act nentas regis sions of all niliar with a	cept service of procestered agentand agrestatutes relative to the and accept the obligations.	ss for the action of action of	e above in this c or and c	e stat apaci omple	ec ty.
T Corporation Sys	stem Oo				, pu		49
Cendra L. Har	rendello		1	• • • •			
10:			<u> </u>	1996			
Signature of Registr	- ·			tel		_	
•	- ·		(D	te)		_	
indy L. Parrine	in entity:						

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Capacity)

FILING FEE: \$35.00

Ву: __

CR2E045(11/94)