


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000566 (7)
 1. Corporation Name
CHAMPION FINANCIAL SERVICES, INC.



Principal Place of Business 6220 S. ORANGE BLOSSOM SUITE 196 ORLANDO FL 32809 US	Mailing Address 2525 E CAMELBACK RD. SUITE 1150 PHOENIX AZ 85016 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/02/1996	
4. FEI Number 86-0644768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83.	
84. City	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	DVS	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, STEVEN P	
STREET ADDRESS	2525 EAST CAMELBACK ROAD, STE 1150	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VONSH, WALTER T	
STREET ADDRESS	2525 EAST CAMELBACK ROAD, STE 1150	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DARAK, STEVEN T	
STREET ADDRESS	2525 EAST CAMELBACK ROAD, STE 1150	
CITY-ST-ZIP	PHOENIX AZ 85016	
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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Steven P. Johnson	
1.3 STREET ADDRESS	2525 East Camelback Road, Suite 1150	
1.4 CITY-ST-ZIP	Phoenix, Arizona 85016	
2.1 TITLE	Director/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Sicina	
2.3 STREET ADDRESS	2525 East Camelback Road, Suite 1150	
2.4 CITY-ST-ZIP	Phoenix, Arizona 85016	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mike Davidson	
3.3 STREET ADDRESS	2525 East Camelback Road, Suite 1150	
3.4 CITY-ST-ZIP	Phoenix, Arizona 85016	
4.1 TITLE	Vice President/Recoveries	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Norman A. Post	
4.3 STREET ADDRESS	2525 East Camelback Road, Suite 1150	
4.4 CITY-ST-ZIP	Phoenix, AZ 85016	
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 addres.

SIGNATURE:  **REQUIRED** 1-28-98 (602) 852-6600

CR2E034 (10/97)