

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90162 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003873**

1. Corporation Name  
**PARADYNE CREDIT CORP.**



Principal Place of Business 8545 126 A/E N LARGO FL 33779-826 US	Mailing Address PO BOX 2826 LARGO FL 33779-826 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 8545 - 126th Avenue N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Largo, Florida
Zip 24 33773 Country	Zip 29 33773 Country

3. Date Incorporated or Qualified <b>07/31/1996</b>	Applied For Not Applicable
4. FEI Number <b>75-2658217</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.**  
**526 E PARK AVENUE, STE 200**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STANTON, DAVID M</b>
STREET ADDRESS	<b>1035 FRANCISCO ST</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE
NAME	<b>EPLEY, THOMAS E</b>
STREET ADDRESS	<b>8001 BARDMOOR PL</b>
CITY-ST-ZIP	<b>LARGO FL</b>
TITLE	<b>VPTC</b> <input type="checkbox"/> DELETE
NAME	<b>MURPHY, PATRICK M</b>
STREET ADDRESS	<b>3202 W KNIGHTS AVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>VPSD</b> <input type="checkbox"/> DELETE
NAME	<b>SLATTERY, JAMES L</b>
STREET ADDRESS	<b>2065 HUNTERS GLEN DR 403</b>
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>
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	<b>Epley, Thomas E.</b>
2.3 STREET ADDRESS	<b>414 14th Street</b>
2.4 CITY-ST-ZIP	<b>Santa Morica, CA 90402</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>V.P., CFO, Treas. &amp; Dir.</b>
3.3 STREET ADDRESS	<b>Murphy, Patrick M.</b>
3.4 CITY-ST-ZIP	<b>4506 W Dale Ave.</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Slattery, James L.</b>
4.3 STREET ADDRESS	<b>P. O. Box: 2827</b>
4.4 CITY-ST-ZIP	<b>Dunedin, FL 34697</b>
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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date **4/27/99** (727) 530-2977  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)