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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004509

1. Corporation Name

PHOENIX RECEIVABLES II. INC.

SOLOVEI, HOWARD

2401 KERNER BLVD

TONG, BRYANT J

MARTINEZ, GARY

2401 KERNER BLVD

2401 KERNER BLVD

SAN RAFAEL CA 94901

2401 KERNER BLVD

SAN RAFAEL CA 94901

SAN RAFAEL CA 94901

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SAN RAFAEL CA 94901

Principal Place of Business	Mailing Address
2401 KERNER BLVD San Rafael Ca 94901	2401 KERNER BLVD San Rafael Ca 94901
2. Principal Place of Business	2a. Mailing Address

FILED Mar 06, 1999 8:00 am **Secretary of State** 03-06-1999 90130 044 ***150.00

Principal Place	e of Business	Mailing Address			1					
2401 KERNER BLVD SAN RAFAEL CA 94901 SAN RAFAEL CA 94901						DO NOT WRITE IN THIS SPACE				
					3.	Date Incorporated or Qualif 09/03/1996	ed			
Principal Place of Business 2a. Mailing Address					4.	FEI Number			Applied For	
21		26				68- 0368692	_		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certifcate of Status Desired	П		5 Additional	
22		27			5.	Certificate of Guards Desired	<u> </u>	Fee.	Required	
City & Stat	е	City & State			6.	Election Campaign Financin	ng □	\$5.0	0 May Be	
23		28				Trust Fund Contribution		Adde	ed to Fees	
Zip	Countrý	Zip	Countr	у	8.	8. This corporation owes the current year Intangible				
24	25	29	0			Personal Property Tax.		☐ Yes	□No_	
	9, Name and Address of Curr	ent Registered Agent			10.	Name and Address of Ne	w Registere	d Agent		
			8	Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)						
			04	Slieet	Houless (F	O. DOX MUNDON IS NOT ACCO	ршыс			
			8:	83						
							_			
			84				F	L	ip Code	
office or r	egistered agent or both, in the Sta	502 and 607.1508, Florida Statutes te of Florida. Such change was aut gations of, Section 607.0505, Floric	horized b	/ the coroc	corporation oration's bo	n submits this statement for pard of directors. I hereby ac	he purpose cept the app	of changing pointment as	its registered registered	
SIGNATURE						-1-1-1-1	DATE			
	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: NOTE: NO	•	nt signature re	equired when r	ADDITIONS/CHANGES TO		AND DIREC	TORS IN 12	
12.	PD	AND DIRECTORS	13.		<u>_</u>	ADDITIONS/CHANGES TO	<u>orrioens</u>	Chang		
TITLE	· -	- DELETE	1						_	
NAME	CONSTANTIN, GUS		1.2 NAME							
STREET ADDRESS			1.3 STRE	T ADORESS						
CITY-ST-ZIP	SAN RAFAEL CA 94901		1.4 CITY-	ST-ZIP		() () () () ()	acu	Chan	no ISM ddition	
TITLE	SVPS	DELETE	2.1 TITLE		V P,	Gen. Counsel as A. Olsen Kerner Blud	secy.	Chang	ge XAddition	
NAME	PARKS, CYNTHIA E		2.2 NAME		Lisa	- A. UISEN				
STREET ADDRESS	2301 KERNER BLVD		2.3 STRE	T ADDRESS	240	1 Kerner Blud	•			

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

34 CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

San-Ratael

<u>NB</u>+D:/lectol

an K

2401

Glen McLauth lin

VP & Assis. Secy.

Susan D. Ackerman

CA 9490)

(A 9490)

CFO Treasurer + Director Howard Solovei

Kerner Blud.

Kerner Blvd.

6.4 CITY-ST-ZIP SAN RAFAEL CA 94901 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 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. If turner 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRES

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

City-St-ZiP

TITLE

NAME

TITLE

NAME

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NAME

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NAME

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Addition

Addition

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Change

Change

Change