

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90127 003 ***150.00

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1. Corporation Name
CREDIT PLUS, INC.

Principal Place of Business

1525 N.W. 167TH STREET
SUITE 300
MIAMI FL 33169

Mailing Address

1525 N.W. 167TH STREET
SUITE 300
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

65-0669408

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 6100 Hollywood Blvd.
Suite, Apt. #, etc.

22 Suite 600

23 Hollywood, FL
City & State

24 33024 25 USA
Zip Country

2a. Mailing Address

26 6100 Hollywood Blvd.
Suite, Apt. #, etc.

27 Suite 600

28 Hollywood, FL
City & State

29 33024 30 USA
Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PERLMAN, JASON
STREET ADDRESS 1525 NW 167TH STREET, SUITE 300
CITY-ST-ZIP MIAMI FL 33169

TITLE V ☐ DELETE

NAME BOMSER, TODD
STREET ADDRESS 1525 NW 167TH STREET, SUITE 300
CITY-ST-ZIP MIAMI FL 33169

TITLE S ☐ DELETE

NAME TURNER, PAUL
STREET ADDRESS 1525 NW 167TH STREET, SUITE 300
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 6100 Hollywood Blvd., Suite 600
1.4 CITY-ST-ZIP Hollywood, FL 33024

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS SAME
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS SAME
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D Sybil Austin
4.3 STREET ADDRESS SAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Turner

2-4-99

Date

954.965.1024

Daytime Phone #

CR2E034 (11/98)