

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 90256 007 \*\*\*\*\*8.75

03-01-1999 90256 008 \*\*\*150.00

DOCUMENT # F97000000367

1. Corporation Name

AMERICORP CREDIT CORPORATION

Principal Place of Business

1307 W 6TH ST #210  
CORONA CA 91720

Mailing Address

1307 W 6TH ST #210  
CORONA CA 91720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1997

4. FEI Number

33-0714445

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$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 28765 SINGLE OAK DRIVE

Suite, Apt. #, etc.

22 SUITE 250

City & State

23 TEMECULA CA

Zip

24 92590

Country

25 USA

2a. Mailing Address

26 28765 SINGLE OAK DRIVE

Suite, Apt. #, etc.

27 SUITE 250

City & State

28 TEMECULA CA

Zip

29 92590

Country

30 USA

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE

DCP

NAME

VLADOVICH, RICHARD

STREET ADDRESS

1307 W 6TH ST #210

CITY-ST-ZIP

CORONA CA 91720

TITLE

DST

NAME

BLAIR, MARK

STREET ADDRESS

1307 W 6TH ST #210

CITY-ST-ZIP

CORONA CA 91720

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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

DCP

1.2 NAME

VLADOVICH, RICHARD

1.3 STREET ADDRESS

28765 SINGLE OAK DR, SUITE 250

1.4 CITY-ST-ZIP

TEMECULA CA 92590

2.1 TITLE

DST

2.2 NAME

BLAIR, MARK

2.3 STREET ADDRESS

28765 SINGLE OAK DR, SUITE 250

2.4 CITY-ST-ZIP

TEMECULA, CA 92590

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

MARK BLAIR SECRETARY/TREASURER/Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/99

Daytime Phone #

(909) 123-0011

CR2E034 (11/98)

0554656