

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

FILED

Apr 30 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 # F97000006631 (2)

1. Corporation Name  
CREDITCO INC.



Principal Place of Business 2101 W. COMMERCIAL BLVD., STE 440 FT LAUDERDALE FL 33309 8221 Glades Road Suite 202 Boca Raton, FL 33434	Mailing Address 2101 W. COMMERCIAL BLVD., STE 440 FT LAUDERDALE FL 33309 8221 Glades Rd. Suite 202 Boca Raton, FL 33434
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8221 Glades Road Suite, Apt. #, etc. # 202 City & State Boca Raton, FL Zip 33434 Country USA	2a. Mailing Address 26 8221 Glades Road Suite, Apt. #, etc. Suite 202 City & State Boca Raton, FL Zip 33434 Country USA
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3. Date Incorporated or Qualified 12/16/1997	4. FEI Number 52-2066398	Applied For 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 checked="" type="checkbox"/> No	None owed	

9. Name and Address of Current Registered Agent BESS, THOMAS J 801 BRICKEL KEY DR., STE 805 MIAMI FL 33133	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
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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	PSD BELL, RICHARD A 25 GREYSTONE MANOR LEWES DE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	President, Director (P, D) <input type="checkbox"/> DELETE
NAME	Tarek S. Kirschen
STREET ADDRESS	5390 214th Court South
CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TAREK S. KIRSCHEN
2.3 STREET ADDRESS	5390 214TH COURT SOUTH
2.4 CITY-ST-ZIP	BOCA RATON, FL 33486
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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.

SIGNATURE: TAREK S. KIRSCHEN 4/23/98 561-482-8288

CR2E034 (10/97)