PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G82888

TRANS NATIONAL CREDIT CORPORATION OF SOUTH FLORI

rincipal Place of Business	Mailing Address
1126 S. FEDERAL HWY STE 273 FORT LAUDERDALE FL 33316	1126 S. FEDERAL HWY STE 273 FORT LAUDERDALE FL 33316
2. Principal Place of Business	; Za. Mailing Address

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90019 037 ***150.00



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Principal Plac	e of Business		Mailing A	Address				IESI EIELI DIEN GIA	is man man that	
1126 S. FEDER	RAL HWY STE	273	1126 S. I	FEDERAL HWY STI	F 273					
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 3331										
	•						DO NOT WRITE IN T	HIS SPACE	· ·	_
							3. Date Incorporated or Qualifed		4.	
		.,	<i>:</i>				02/01/1984		* •	1
2. Principal P	Place of Busine	ess	2a. Maili	ing Address		•	4. FEI Number		Applied For] ₇₀
21			26				59-2437105	1	Not Applicable	1 🦠
Suite, Apt.	#, etc.		Suite	e, Apt. #, etc.				\$8.75	Additional (3
22			27				5. Certifcate of Status Desired	Fee l	Required	
City & Stat	le= =	<u> </u>		& State			6. Election Campaign Financing	\$5.0	May Be]=-
23			28				Trust Fund Contribution		to Fees	İ
Zip		Country	Zip		Cou	intry	8. This corporation owes the current year	r Intangible		1
24	[:	25	29		30		Personal Property Tax.	I ≱Yes	□No .	.
1	9. Name a	and Address of Curre	ent Registered	Agent		i	10. Name and Address of New Registe	red Agent	-	1
		الله مسر والعموم الله الله الله الله الله الله الله الل	O			81 Name	_			1
	Cabe, Jame		. 19. 1 - 11-4 - 5	2 A	-					
SEATTH CT. COME COME AND COME OF THE STATE O					82 Street	Address (P.O. Box Number is Not Acceptable)				
- OA F1.1	LAUDERDAL	E FL 33316				83		36, 3, 3, 1, 5, 4, 8, 5	1 21811 21411 1621	1
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11. Pursuant office or r	to the provision	ons of Sections 607.05 int. or both, in the State	602 and 607.150 e of Florida. Suc	08, Florida Statute ch change was au	s, the a thorized	bove-named I by the como	corporation submits this statement for the purpos- pration's board of directors. I hereby accept the a	e of changing it	ts registered reaistered	
agent. I a	m far Siar with	h, and accept the oblic	rations of Section	ún 607 0505. Flor	ida Stati	utes.		:	3	
SIGNATURE	MARILYON		3,8 4,66				المراجع	ig		
Ŕ	ure, typed o	r printed n 🔾 🦪 registered ag	ent and title if applica	ible. (NOTE:	Registered	Agent signature n	equired when reinstating)* = # 4 * 5 # DATE			1 5
										ب ∞
12.)/'	OFFICERS A	ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS			1,00
12.	DP		ND DIRECTOR	DELETE	13.	ΠE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		111
	MCCABE,	JAMES J.	ND DIRECTOR		-					34.711
TITLE	MCCABE, 851 SE 11	JAMES J. TH CT	ND DIRECTOR		1.1 Ti 1.2 N/					E034'/11
TITLE NAME	MCCABE,	JAMES J. TH CT	ND DIRECTOR		1.1 TF 1.2 NA 1.3 ST	ME				34.711
TITLE NAME STREET ADDRESS	MCCABE, 851 SE 11	JAMES J. TH CT	ND DIRECTOR		1.1 TF 1.2 NA 1.3 ST	ME REET ADORESS TY-ST-ZIP			Addition	2F034*/11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCCABE, 851 SE 11	JAMES J. TH CT	ND DIRECTOR	[] DELETE	1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci	NME REET ADORESS TY-ST-ZIP ILE		☐ Change	Addition	2F034*/11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCCABE, 851 SE 11	JAMES J. TH CT	ND DIRECTOR	[] DELETE	1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	NME REET ADORESS TY-ST-ZIP ILE		☐ Change	Addition	2F034*/11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCCABE, 851 SE 11	JAMES J. TH CT	ND DIRECTOR	[] DELETE	1.1 T/ 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/ 2.3 ST	ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP		☐ Change	Addition	2F034*/11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCCABE, 851 SE 11	JAMES J. TH CT ERDALE FL	415 107	☐ DELETE	1.1 TF 12 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP		☐ Change	Addition	2F034*/11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCCABE, 851 SE 11	JAMES J. TH CT ERDALE FL	AND DIRECTOR	☐ DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA	ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TTY-ST-ZIP ILE		☐ Change	Addition	2F034*/11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MCCABE, 851 SE 11	JAMES J. TH CT ERDALE FL	415 107	☐ DELETE	1.1 TT 12 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.3 TT 3.2 NA 3.3 ST	ME REET ADORESS TY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS		☐ Change	Addition	2F034*/11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MCCABE, 851 SE 11	JAMES J. TH CT ERDALE FL	415 107	☐ DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT	ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP LE LE ME REET ADDRESS TY-ST-ZIP LE REET ADDRESS		☐ Change	Addition	2F034*/11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCCABE, 851 SE 11 FT. LAUDE	JAMES J. TH CT ERDALE FL	415 107	DELETE DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 CI 3.3 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA	ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE MME		☐ Change	Addition Addition Addition	2F034*/11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAME	MCCABE, 851 SE 11 FT. LAUDE	JAMES J. ITH CT ERDALE FL	415 107	DELETE DELETE DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI	ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	53-2457 (35 	☐ Change	Addition Addition Addition	2F034'(11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MCCABE, 851 SE 11 FT. LAUDE	JAMES J. TH CT :RDALE FL	415 107	DELETE DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST 4.4 CC 5.3 ST 5.4 CC 6.1 TT 1.5 CA 6.1 TT	ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TTY-ST-ZIP ILE AME REET ADDRESS TY-ST-ZIP ILE AME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE	53-2457 (36 	☐ Change	Addition Addition Addition	CR2F034'/11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCCABE, 851 SE 11 FT. LAUDE	JAMES J. TH CT :RDALE FL	415 107	DELETE DELETE DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI	ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TTY-ST-ZIP ILE AME REET ADDRESS TY-ST-ZIP ILE AME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE	53-2457 (36 	☐ Change ☐ Change ☐ Change	Addition Addition Addition	CR2F034'/11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCCABE, 851 SE 11 FT. LAUDE	JAMES J. TH CT :RDALE FL	415 107	DELETE DELETE DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 3.4 CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI 6.1 TT 6.2 NA	ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TTY-ST-ZIP ILE AME REET ADDRESS TY-ST-ZIP ILE AME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE	53-2457 (36 	☐ Change ☐ Change ☐ Change	Addition Addition Addition	CR2F034'/11

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: