SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J00949** **(4)**

1. Corporation Name

FIDELITY CREDIT CORPORATION

Principal Place of Business	Mailing Address
6408 W LINEBAUGH AVENUE SUITE 106 TAMPA FL 33625-909 US	6408 W LINEBAUGH AVENUE SUITE 106 TAMPA FL 33625-909 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 02/25/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2882836 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, HAROLD H
6408 W LINEBAUGH AVE
SUITE 106
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name: GEORGE W. PHILLIPS
82 Street Address (P.O. Box Number is Not Acceptable): 14502 N. DALE MABRY
83: SUITE 200
84 City: TAMPA FL 85 Zip Code: 33618

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: George W Phillips 7-23-96
(Signature of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MILLER, HAROLD H.		12 NAME	
STREET ADDRESS	5708 PINEY LANE		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 44		14 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BIRGE, H. JACK		22 NAME	
STREET ADDRESS	6408 W. LINEBAUGH AVE. 108		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	REPH, GLENN A		32 NAME	
STREET ADDRESS	9089 CLAIREMONT MESA BLVD		33 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LEIBOWITZ, MARK S		42 NAME	
STREET ADDRESS	9089 CLAIREMONT MESA BLVD		43 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Pres. CE 6/26/96 (619) 576-2220 X101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)