FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J10817** **(1)**

1. Corporation Name
FLORIDA CREDIT CONCEPTS, INC.

Principal Place of Business	Mailing Address
LEGAL DEPT 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	LEGAL DEPT 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1986
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 3550 BISCAYNE BLVD	26 3550 BISCAYNE BLVD
Suite, Apt. #, etc. 22 SUITE 607	Suite, Apt. #, etc. 27 SUITE 607
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33137 / 25 USA	Zip / Country 29 33137 / 30 USA

4. FEI Number: 59-2666278 ☐ 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 has liability for intangible tax under S. 199.032, *Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARCIA H. LANGLEY LEGAL DEPT., 9TH FLOOR 2601 S. BAYSHORE DRIVE MIAMI FL 33133	81 Name: IRA PRICE PA 82 Street Address (P.O. Box Number is Not Acceptable): 9130 S. DADELAND BLVD 83 SUITE 1705 84 City: MIAMI FL 85 Zip Code: 33156

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: IRA B PRICE 4/17/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	SCHEVERS, SELMA D C	12 NAME	SCHEVERS, SELMA DC	
STREET ADDRESS	2601 S BAYSHORE DR	13 STREET ADDRESS	3550 BISCAYNE BLVD,	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI FL 33137	
TITLE	VS	21 TITLE	CD	☐ Change ☒ Addition
NAME	LANGLEY, MARCIA H.	22 NAME	LAW, IAN R.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	23 STREET ADDRESS	3550 BISCAYNE BLVD, SUITE 607	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI FL 33137	
TITLE	DVAS	31 TITLE	MDT	☐ Change ☒ Addition
NAME	JEFFREY, THOMAS W.	32 NAME	SCHIFF, BENJAMIN	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	33 STREET ADDRESS	3550 BISCAYNE BLVD, SUITE 607	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	MIAMI, FL 33137	
TITLE	VT	41 TITLE	VS	☐ Change ☒ Addition
NAME	FISCHER, JOHN H.	42 NAME	ATTWOOD, CHERYL	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	43 STREET ADDRESS	3550 BISCAYNE BLVD, SUITE 607	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	MIAMI, FL 33137	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KLEINERMAN, PETER S.	52 NAME		
STREET ADDRESS	2601 S. BAYSHORE DRIVE	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP		
TITLE	DVC	61 TITLE		☐ Change ☐ Addition
NAME	MIKESH, LINDA A	62 NAME		
STREET ADDRESS	2601 S. BAYSHORE DRIVE	63 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP		

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: Ian R Law April 17 95 305-576-9992
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0134640 CP