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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J85078** **(0)**

1. Corporation Name
SECOND CHANCE FINANCE, INC.

Principal Place of Business	Mailing Address
% DOROTHY DILLENKOFFER 5900 PIERCE DRIVE N.E. ST. PETERSBURG FL 33703	% DOROTHY DILLENKOFFER 5900 PIERCE DRIVE N.E. ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified: 07/24/1987
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21: 21649 U.S. Hwy 19 N.
22: Suite, Apt. #, etc.
23: City & State: Clearwater, Florida
24: Zip: 34625
25: Country:

2a. Mailing Address
26: 21649 U.S. Hwy 19 N.
27: Suite, Apt. #, etc.
28: City & State: Clearwater, Florida
29: Zip: 34625
30: Country:

4. FEI Number: 59-2829219 ☐ 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

DILLENKOFFER, DOROTHY
5900 PIERCE DRIVE N.E.
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name: Denis A. Cohrs
82 Street Address (P.O. Box Number is Not Acceptable): 21649 U.S. Hwy 19 N.
83
84 City: Clearwater **FL** 85 Zip Code: 34625

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] Denis A. Cohrs 4/1/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLENKOFFER, DOROTHY 5900 PIERCE DRIVE N.E. ST. PETERSBURG FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/P/S Michael G. Krizmanich 21649 U.S. Hwy 19 N. Clearwater, Florida 34625 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	500001769785 -04/04/96--01086--028 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition M.M. 4-4-96

CR2E034 (12/95)

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. 3/18/95 (813) 797-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #