FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION-Sandra B. Morthain ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** Corporation Name SECOND CHANCE FINANCE, INC. Principal Place of Business Mailing Address **% DOROTHY DILLENKOFFER** % DOROTHY DILLENKOFFER 21649 U.S. HWY. 19 N. 21649 U.S. HWY, 19 N. DO NOT WRITE IN THIS SPACE CLEARWATER FL 34625 CLEARWATER FL 34625 3. Date Incorporated or Qualified 07/24/1987 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5801 Ulmerton 5801 Ulmerton 59-2829219 Not Applicable Suite. Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 5te. # 203 Fee Required 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible inellas Y Yes inellas 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name Cohr**s**, denis a. 21649 U.S. HWY. 19 N. 82 CLEARWATER FL 34625 83 84 Zip Code 53760 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 (NOTE Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ DELETE Change Addition TITLE 1.1 TITLE KRIZMANICH, MICHAEL G. NAME 1.2 NAME 21649 U.S. HWY. 19 N. STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Change ■ Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Addition NAME 62 NAME

14. Thereby 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 12 in that my name appears in Block 12 in that my name appears in that my name appears in that my name appears in the my name appears in the my name appears in that my name appears in the my name appears in the my name appears in the my name

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE Toward frameway

STREET ADDRESS

CITY-ST-ZIP

2-17-98 (813)530-7722