

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K02286 (8)

1. Corporation Name
STATEWIDE CREDIT BUREAU SERVICES, INC.



Principal Place of Business 1221 LEE RD SUITE 124 ORLANDO FL 32810	Mailing Address 1221 LEE RD SUITE 124 ORLANDO FL 32810-5814
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2. Principal Place of Business 21 2534 HANSROB ROAD Suite Apt. # etc.		2a. Mailing Address 26 2534 HANSROB ROAD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/13/1987		3a. Date of Last Report 05/01/1996	
22 City & State 23 ORLANDO, FL 3 Zip Country 24 32804 25 ORANGE		27 City & State 28 ORLANDO, FL Zip Country 29 32804 30 ORANGE		4. FEI Number 59-2857996		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
GOWEN, M.A.
1221 LEE RD
SUITE 124
ORLANDO FL 32810

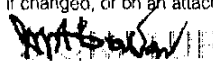
10. Name and Address of New Registered Agent
81 Name GOWEN, M.A.
82 Street Address (P.O. Box Number is Not Acceptable)
2534 HANSROB ROAD
83
84 City ORLANDO FL 85 Zip Code 32804

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  (M.A. Gowen) DATE 05/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	STD
NAME	GOWEN, M.A.	1.2 NAME	GOWEN, M.A.
STREET ADDRESS	1221 LEE ROAD #124	1.3 STREET ADDRESS	2534 HANSROB ROAD
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	P	2.1 TITLE	P
NAME	HAWKINS, J.L.	2.2 NAME	HAWKINS, J.L.
STREET ADDRESS	1221 LEE ROAD #124	2.3 STREET ADDRESS	2534 HANSROB ROAD
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  (M.A. Gowen) DATE 05/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000606

CR2E034 (9/96)