


# FILE NOW. FILING FEE AFTER ~~MAY 1ST IS \$550.00~~ **AMENDED ANNUAL REPORT**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K02286**  
 1. Corporation Name **STATEWIDE CREDIT BUREAU SERVICES, INC.**

FILED  
 99 AUG 12 PM 3:46  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**2534 HANSROB ROAD**  
**ORLANDO, FLORIDA 32804**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>2534 HANSROB ROAD</b>	26 <b>2534 HANSROB ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>ORLANDO, FLORIDA</b>	28 <b>ORLANDO, FLORIDA</b>
Zip	Zip
24 <b>32804</b>	29 <b>32804</b>
Country	Country
25 <b>ORANGE</b>	30 <b>ORANGE</b>

3. Date Incorporated or Qualified	4. FEI Number	Applied For
<b>11-13-1987</b>	<b>59-2857996</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GOWEN, M.A.**  
**2534 HANSROB ROAD**  
**ORLANDO, FL 32804**

10. Name and Address of New Registered Agent
81 Name <b>JUDY LYNN HAWKINS-GOWEN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2534 HANSROB ROAD</b>
83
84 City <b>ORLANDO</b> FL 85 Zip Code <b>32804</b>

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 **Judy Lynn Hawkins-Gowen** DATE **8-9-99**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GOWEN, M.A.</b>
STREET ADDRESS	<b>2534 HANSROB ROAD</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>
TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GOWEN, M.A.</b>
STREET ADDRESS	<b>2534 HANSROB ROAD</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>
TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GOWEN, M.A.</b>
STREET ADDRESS	<b>2534 HANSROB ROAD</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HAWKINS-GOWEN, J.L.</b>
1.3 STREET ADDRESS	<b>2534 HANSROB ROAD</b>
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>
2.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HAWKINS-GOWEN, J.L.</b>
2.3 STREET ADDRESS	<b>2534 HANSROB ROAD</b>
2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>
3.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HAWKINS-GOWEN, J.L.</b>
3.3 STREET ADDRESS	<b>2534 HANSROB ROAD</b>
3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>
4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>HAWKINS-GOWEN, J.L.</b>
4.3 STREET ADDRESS	<b>2534 HANSROB ROAD</b>
4.4 CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>500002964265--4</b>
5.3 STREET ADDRESS	<b>-08/19/99--01039--009</b>
5.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **Judy Lynn Hawkins-Gowen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/99 407-293-1800  
Daytime Phone #

CR2E034 (11/98)