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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 99 MAR 10 PM 3: 08 1999 **DOCUMENT # K28717** SECRETARY OF STATE TALLAHASSEE, FLORIDA CREDIT WORLD AUTO SALES, INC. Principal Place of Business Mailing Address 5400 S ORANGE BLOSSOM TRAIL 5400 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839-2706 ORLANDO FL 32839-2706 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/11/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2897461 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Zω Country This corporation owes the current year Intangible
Personal Property Tex
Yes Π_{Nα} 25 30 Personal Property Tex. 29 24 10. Name and Address of New Registered Agent 9. Name and Add of Current Registered Agent 81 Name BERRY, CHARLES JACKSON Street Address (P.O. Box Number is Not Acceptable) 82 5400 S ORANGE BLOSSOM TRAIL ORLANDO FL 32809 83 85 Zip Code 84 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 Stonature, typed or primed name of registered agent and little if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change 11TILE TITLE BERRY, CHARLES JACKSON -12 HAME MALE 5400 S ORANGE BLOSSOM TR 1.3 STREET ADORES: STREET ACORESS ORLANDO FL 1.4 CITY- ST-ZIP CITY-ST-ZE Addition DELETE 21 TILE ☐ Change TITLE NAME 7 2 NAME 2.3 STREET ADDRES STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 31 TILE TILE NAME STREET ADDRESS 3.3 STREET ADORESS 3.4. CITY-ST-ZIP CITY-SI-ZP DELETE 41 TILE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZP CITY-ST-ZIP ☐ Change ■ Addition DELETE 51 TITLE TITLE 52 NAME SO STREET ADORESS STREET ADORES! SA CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE TILE 62 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY+ST-ZIP 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 ennuel report or suppliemental 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