

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 11:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K33221 (8)

1. Corporation Name
U.S. CREDIT CORP.

Principal Place of Business Mailing Address
500 W CYPRESS CREEK RD. STE 150 FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/16/1988** 3a. Date of Last Report **08/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 **515 SEABREEZE BLVD** **SAME**

4. FEI Number **65-0071454** Applied For Not Applicable

Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
22 **# 220**

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

City & State 28 City & State
23 **FT. LAUDERDALE**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country 29 Zip Country
24 **33316** 25 **BROWARD** 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**WRIGHT, BLAIR
2309 NE 20 AVE
WILTON MANORS FL 33305**

81 Name **BLAIR WRIGHT**
82 Street Address (P.O. Box Number is Not Acceptable) **515 SEABREEZE BLVD.**
83 **FT. LAUDERDALE FL**
84 City **FT** 85 Zip Code **33316**

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0605, Florida Statutes.

SIGNATURE

Blair Wright

Blair Wright

8/1/95

Signature of the person named as the registered agent and the incorporator

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN U.S.

TITLE **D**
NAME **WRIGHT, BLAIR**
STREET ADDRESS **2309 NE 20TH AVE**
CITY - ST - ZIP **FT. LAUDERDALE, FLORIDA**

11 TITLE **D** Change Addition
12 NAME **WRIGHT, BLAIR**
13 STREET ADDRESS **515 SEABREEZE BLVD.**
14 CITY - ST - ZIP **FT. LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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, shareholder or the owner 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 (change), or in an attachment, with an address.

SIGNATURE:

Blair Wright Director

8/1/95

(305) 763-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CP2E034 (3/95)