FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # K92735

(5) NAME CHANGED ON 1/25/96

1. Corporation Name

~~C & S CREDIT SERVICE, INC~~

CREDIT MOTOR SERVICES, INC

Principal Place of Business	Mailing Address
5301 N FEDERAL HWY SUITE 240 BOCA RATON FL 33487 US	7394 MICHIGAN ISLE RD. LAKE WORTH FL 33467 US

3. Date Incorporated or Qualified: 06/02/1989

3a. Date of Last Report: 04/11/1995

4. FEI Number: 65-0124545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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

2. Principal Place of Business
21 100 East Linton Blvd.
Suite, Apt. #, etc.
22 Suite # 500-A
City & State
23 Delray Beach, Fl.
Zip 24 33483 Country 25 U.S.A.

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MORSE, CALVIN S
7394 MICHIGAN ISLE RD.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: Eleanor Morse
82 Street Address (P.O. Box Number is Not Acceptable): 7433 Rockbridge Circle
83
84 City: Lake Worth FL 85 Zip Code: 33467

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Eleanor Morse DATE: 4-9-96

(Type or printed name of registered agent and title if applicable)

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	MORSE, CALVIN S.	
STREET ADDRESS	7394 MICHIGAN ISLE RD.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1 1 TITLE	President	
1 2 NAME	Eleanor Morse	
1 3 STREET ADDRESS	7433 Rockbridge Circle	
1 4 CITY-ST-ZIP	Lake Worth, Fl. 33467	☐ Change ☐ Addition
2 1 TITLE		
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		☐ Change ☐ Addition
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		☐ Change ☐ Addition
4 1 TITLE		
4 2 NAME	800001779248	
4 3 STREET ADDRESS	-04/15/96--01011--027	
4 4 CITY-ST-ZIP	***200.00	☐ Change ☐ Addition
5 1 TITLE		
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		☐ Change ☐ Addition
6 1 TITLE		
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		☐ Change ☐ Addition

DEB 4-12-96

CR2E034 (12/95)

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)(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: ✓ Calvin Morse 3/29/96 (407) 964-4369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

X Eleanor Morse

0279950 CP