

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L29222** (1)

1. Corporation Name

CREDIT CHECK OF SOUTH FLORIDA, INC.

Principal Place of Business

**4411 BEACON CIRCLE, SUITE 2-B
STE 2
WEST PALM BEACH FL 33407
US**

Mailing Address

**4411 BEACON CIRCLE, SUITE 2-B
STE 2
WEST PALM BEACH FL 33407
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/13/1989

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0150940

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

7. This corporation has liability for intangible tax under S. 129.032,
Florida Statutes



Yes



No

2. Principal Place of Business

21 **4411 Beacon Circle**

2a. Mailing Address

26 **4411 Beacon Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LODES, STEVEN C
4411 BEACON CIRCLE, SUITE 2B
STE 2
WEST PALM BEACH FL 33407**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TSO
NAME	TETT, HELEN
STREET ADDRESS	3201 NE 14TH ST
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	PDC
NAME	LODES, STEVEN C.
STREET ADDRESS	2620 MOHAWK CIR
CITY - ST - ZIP	W PALM BCH FL
TITLE	VD
NAME	GROSSO, RICHARD F.
STREET ADDRESS	11 NORTH JERSEY LANE
CITY - ST - ZIP	WAYNE NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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:

Steven C. Lodes - President 4/21/95 407-844-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone