

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L29222 (1)  
1. Corporation Name  
CREDIT CHECK OF SOUTH FLORIDA, INC.

Principal Place of Business 4411 BEACON CIRCLE STE 2 WEST PALM BEACH FL 33407 US	Mailing Address 4411 BEACON CIRCLE STE 2 WEST PALM BEACH FL 33407 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/1989	4. FEI Number 65-0150940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent LODES, STEVEN C 4411 BEACON CIRCLE, SUITE 2B STE 2 WEST PALM BEACH FL 33407	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	TSD <input checked="" type="checkbox"/> DELETE
NAME	TETT, HELEN
STREET ADDRESS	3201 NE 14TH ST
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	PDC <input type="checkbox"/> DELETE
NAME	LODES, STEVEN C.
STREET ADDRESS	2620 MOHAWK CIR
CITY-ST-ZIP	W PALM BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GROSSO, RICHARD F.
STREET ADDRESS	11 NORTH JERSEY LANE
CITY-ST-ZIP	WAYNE NJ
TITLE	V <input type="checkbox"/> DELETE
NAME	LODES, BRIAN C
STREET ADDRESS	3201 NE 14TH STREET
CITY-ST-ZIP	POMPANO BEACH FL
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T.S. Lodes, Renee S.
1.3 STREET ADDRESS	2620 Mohawk Cir
1.4 CITY-ST-ZIP	W Palm Bch, FL 33409
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1914 Elm Stratford Way
4.4 CITY-ST-ZIP	W Palm Bch, FL 33409
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

SIGNATURE: *Steven C. Lodes* Steven C. Lodes - President 4/24/98 561-844-3500

CR2E034 (10/97)