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

SIGNATURE:

May 05 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandre B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (0)L92916 CREDIT CARS OF F.W.B. CORPORATION Principal Place of Business Mailing Address C/O JOHN HOWARD C/O JOHN HOWARD 52 BEAL STREET 52 BEAL STREET DO NOT WRITE IN THIS SPACE FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548 3. Date Incorporated or Qualified 08/14/1990 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3033345 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name HOWARD, JOHN **52 BEAL STREET** Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH FL 32548 83 City 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, typed or printed name of registering agent and tills if applicable (NOTE. Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1 1 TiTLE Change Addition HOWARD, JOHN NAME 12 NAME **52 BEAL STREET** STREET ADDRESS 1.3 STREET ADDRESS FT. WALTON BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 ever by trustee empower of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied vindicated on this annual report or supplement officer or director of the corporation of the real Block 12 or Block 13 if changed, or on an all supplied to the corporation of the real Block 12 or Block 13 if changed, or on an all supplied to the corporation of the co

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