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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90124 011 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99327

1. Corporation Name
ASSOCIATED CREDIT INFORMATION SERVICES, INC.

Principal Place of Business: 975 EYSTER BOULEVARD SUITE #2 ROCKLEDGE FL 32955
Mailing Address: 975 EYSTER BOULEVARD SUITE #2 ROCKLEDGE FL 32955



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1990
4. FEI Number: 59-3029138
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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: DREHER, THOMAS M. 975 EYSTER BOULEVARD SUITE 1 ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and 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.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS (1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4) with fields for Title, Name, Street Address, City-ST-ZIP, and a DELETE checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4) with fields for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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...

SIGNATURE: _____ DATE: 2/4/99 DAYTIME PHONE #: 636-3880

CR2E034 (11/98)