

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P31012** (8)  
1. Corporation Name  
**CREDENTIAL LEASING CORP. OF FLORIDA, INC.**



Principal Place of Business <b>P.O. BOX 5967 HARRISBURG PA 17110-5967</b>	Mailing Address <b>P.O. BOX 5967 HARRISBURG PA 17110-5967</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1501 CORPORATE DRIVE</b> Suite, Apt. #, etc. <b>22 SUITE 100</b> City & State <b>23 BOYNTON BEACH, FL</b> Zip <b>24 33426</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 1501 CORPORATE DRIVE</b> Suite, Apt. #, etc. <b>27 SUITE 100</b> City & State <b>28 BOYNTON BEACH, FL</b> Zip <b>29 33426</b> Country <b>30 USA</b>		3. Date Incorporated or Qualified <b>09/21/1990</b>	
4. FEI Number <b>25-1640843</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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			
9. Name and Address of Current Registered Agent <b>HIMMELBERGER, KIRK L. 1501 CORPORATE DR SUITE 240 BOYNTON BEACH FL 33426</b>				10. Name and Address of New Registered Agent <b>81 Name HIMMELBERGER, KIRK L. 82 Street Address (P.O. Box Number is Not Acceptable) 1501 CORPORATE DRIVE 83 SUITE 100 84 City BOYNTON BEACH FL 85 Zip Code 33426</b>	

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SCHWAB, ANDREW E. 2525 NORTH 7TH STREET HARRISBURG PA</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD DYM, AARON N. 2525 NORTH 7TH STREET HARRISBURG PA</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHWAB, MORRIS 2525 NORTH 7TH STREET HARRISBURG PA</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRADKIN, CHARLES 2525 NORTH 7TH STREET HARRISBURG PA</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HIMMELBERGER, KIRK L. 1501 CORPORATE DRIVE, SUITE 240 BOYNTON BEACH FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>PD HIMMELBERGER, KIRK L. 1501 CORPORATE DRIVE, SUITE 100 BOYNTON BEACH, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kirk L. Himmelberger* 1-21-98 561-369-2100

CR2E034 (10/97)