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

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90013 007 ***150.00

DOCUMENT # P31012

1. Corporation Name

CREDENTIAL LEASING CORP. OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1501 CORPORATE DR SUITE 100 BOYNTON BEACH FL 33426 US	P.O. BOX 5967 HARRISBURG PA 17110-5967

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**2a.** Mailing Address	**3.** Date Incorporated or Qualifed **09/21/1990**
21 420 WEST BOYNTON BEACH BLVD 26		**4.** FEI Number **25-1640843** / Applied For / Not Applicable
Suite, Apt. #, etc. 22 SUITE 203	Suite, Apt. #, etc. 27	**5.** Certifcate of Status Desired ☐ / **$8.75** Additional Fee Required
City & State 23 BOYNTON BEACH, FLORIDA 28	City & State	**6.** Election Campaign Financing Trust Fund Contribution ☐ / **$5.00** May Be Added to Fees
Zip 24 33435 / 25 Country US	Zip 29 / 30 Country	**8.** This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HIMMELBERGER, KIRK L. 1501 CORPORATE DR SUITE 100 BOYNTON BEACH FL 33426	81 Name HIMMELBERGER, KIRK L. 82 Street Address (P.O. Box Number is Not Acceptable) 420 WEST BOYNTON BEACH BLVD. 83 SUITE 203 84 City BOYNTON BEACH FL 85 Zip Code 33435

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME SCHWAB, ANDREW E.	1.2 NAME		
STREET ADDRESS 2525 NORTH 7TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP HARRISBURG PA	1.4 CITY-ST-ZIP		
TITLE STD ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME DYM, AARON N.	2.2 NAME		
STREET ADDRESS 2525 NORTH 7TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP HARRISBURG PA	2.4 CITY-ST-ZIP		
TITLE D ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME SCHWAB, MORRIS	3.2 NAME		
STREET ADDRESS 2525 NORTH 7TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP HARRISBURG PA	3.4 CITY-ST-ZIP		
TITLE PD ☐ DELETE	4.1 TITLE PD		☒ Change ☐ Addition
NAME HIMMELBERGER, KIRK L.	4.2 NAME HIMMELBERGER, KIRK L.		
STREET ADDRESS 1501 CORPORATE DR, SUITE 100	4.3 STREET ADDRESS 420 WEST BOYNTON BEACH BLVD., SUITE 203		
CITY-ST-ZIP BOYNTON BEACH FL	4.4 CITY-ST-ZIP BOYNTON BEACH, FLORIDA 33435		
TITLE ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE ☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _Kirk L. Himmelberger_   Kirk L. Himmelberger President   1-26-99   561-365-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #