SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90009 032 ***550.00

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CREDITAMERICA VENTURE CAPITAL, INC.

						1291 68 7112 88 11 3 2 16 81 18 2	
Principal Place	of Business	Mailing Address					
7308 PINE FOR		7308 PINE FOREST CIR				•	
LAKE WORTH FL 33467		LAKE WORTH FL 33467 US	LAKE WORTH FL 33467		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	2 114 11110 01 740	
					02/16/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	- 1	Applied For
21		26			65-0467686		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	· · ·	.75 Additional
22		27			5. Certificate of Status Desired		ee Required
City & State)	City & State			6. Election Campaign Financing		5.00 May Be
23		28		_	Trust Fund Contribution		dded to Fees
Zip	Country	Zíp) 	ountry	8. This corporation owes the curre	. [77]	П.,.
24	25	29	30	,	Intangible Personal Property.	Yes	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New R	egistered Ageni	
RAF	NA, SCOTT L			Name			
	SOUTH BISCAYNE BLVD.			82 Street Add	fress (P.O. Box Number is Not Acceptal	ble)	
	D FLOOR			83			
	MI FL 33131						
*****	2 33 . 3 .			84 City		FL 85	Zip Code
					AT		- ita rasistarad
11. Pursuant office or r	to the provisions of sections 607.050 to the provisions of sections 607.050	02 and 607.1508, Florida Statu e of Florida. Such change was	ites, the a authorize	above-named corporati	oration submits this statement for the pution's board of directors. I hereby accept	rpose of changing t the appointmen	t as registered
agent. I a	am familiar with, and accept the oblig	gations of, section 607.0505, F	Florida Sta	atutes.	•		
agent. I a	am familiar with, and accept the obliq		-lorida Sta	atutes. 	united upon estructures	DATE	
agent. I a	am familiar with, and accept the oblig Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE: Regis	atutes.	<u> </u>	DATE	RECTORS IN 12
agent. I a SIGNATURE	am familiar with, and accept the obliq Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: Regis	atutes. stered Agent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIF	
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INTED NAME OF SIGNING OFFICER OR DIRECTOR