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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

P94000037876 (7)

DOCUMENT # P9400

1. Corporation Name

CREDIT CAPITAL CORPORATION

Principal Place of Business Mailing Address

6018 CRICKET DRIVE 6018 CRICKET DRIVE



LAKELAND FL	T DRIVE . 33813	6018 CRICKET DRIVE LAKELAND FL 33813				
				3. Date Incorporated or Qualified 05/16/1994	3a. Date of Last Re 03/30/199	
2. Principal Pla	ce of Business SHav 98 Sov	2a. Mailing Address	6037	4. FEI Number 59-3249075	<b>├</b> }-	Applied For Not Applicable
Surte, Apit. #		Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75	Additional Required
City & State	land FL	City & State Lakelak	od FL	Election Campaign Financing     Trust Fund Contribution	□ \$5.0e	May Be
1338	OI 25 USA	29 33807	Country 30 USA	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s	199.032,
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
	. 14TH STREET	eased	82 Street Add	dress (P.O. Box Number is Not Acceptable S. Fla. Ave.	Suite	400A
11. Pursuant to or registere familiar with	of the provisions of Sections 60,7650 of agent, of both, in the State of Fig. 1, and accept the Augustons of Sec.	2 and 607 per characteristics and formation of the control of the	, the above-named corporation's bo	oration submits this statement for the purple and of directors. I hereby accept the appoint	pose of changing its n pintment as registered	egistered office agent. I am
SIGNATURE	not not sold the edit of the edition		Registered Agent signature regul	ford when reinstations	1-18-9	76
· · · · · · · · · · · · · · · · · · ·	OFFICERS A	ND DIRECTORS	13.		CERS AND DIRECTO	RS IN 12
2.			10.	ADDITIONS OF ANGES TO OFF		
12.	PD	DELETE	1. 1 TITLE	PODITIONS OF ANGLO TO OFF	Change	Addition
HIF .	PD LEE, CLIFFORD		1. 1 TITLE 12 NAME		Change	<u> </u>
dif AM:	PD Lee, Clifford 5010 S. Florida Avenue		1. 1 TITLE 12 NAME		Change	<u> </u>
THE LANDRESS	PD LEE, CLIFFORD		1. 1 TITLE 12 NAME		Change	<u> </u>
THE AME THEFT ADDRESS THY (ST-718)	PD Lee, Clifford 5010 S. Florida Avenue		1. 1 TITLE 12 NAME	COIS CRICKETUR CAKECANO, FL 3	Change	<u> </u>
THE AME TREET ADDRESS THY (ST- ZIE) THE	PD Lee, Clifford 5010 S. Florida Avenue	[] DELETE	1. 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change	Addition
THE AME AME TREET ADDRESS HY -ST- ZIP OLE AME	PD Lee, Clifford 5010 S. Florida Avenue	[] DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE		Change	Addition
THE AM: THEFT ADDRESS HY (ST-ZIP) THEFT ADDRESS AM: TREFT ADDRESS	PD Lee, Clifford 5010 S. Florida Avenue	[] DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME		Change	Addition
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THE LANDRESS HAY-ST-ZIP HAY ST-ZIP	PD Lee, Clifford 5010 S. Florida Avenue	☐ DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME		Change  Change	Addition Addition Addition
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CHE NAME  STREET ADDRESS  DITY ST-ZIP  GILE  VAME  STREET ADDRESS  DITY-ST-ZIP	PD LEE, CLIFFORD 5010 S. FLORIDA AVENUE LAKELAND FL 33801	DELETE  DELETE  DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-SI-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-SI-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-SI-ZIP 6.5 STREET ADDRESS		Change  Change  Change  Change	Addition  Addition  Addition  Addition  Addition

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING PEFFICER OR DIRECTOR

1/18/96
Pate Dayline Phone

CR2E034 (1