

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Christa R. Madigan  
Secretary of State  
BUREAU OF CORPORATIONS

APPROVED  
FILED

DOCUMENT # **P94000039733 (8)**

05 MAY - 1 1995

1. Corporation Name

**SECURITY CREDIT LEASING, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Previous Name of Business

Meeting Address

9270 BAY PLAZA BLVD. STE. 660  
TAMPA FL 33619

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TAMPA FL 33619

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified  
**05/23/1994**

3a. Date of Last Report

2. Center Point Business Park  
21 1911 US HIGHWAY 301 NORTH

2a. Mailing Address  
26 P.O. BOX 671

4. FEI Number  
**59-3251574**

Applied For  
Not Applicable

22 SUITE 300

27 Suite, Apt #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 TAMPA

28 BRANDON, FL

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes  Yes  No

24 33619

25 HILLSBOROUGH

29 33511

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOLOMON, STANFORD R  
BARNETT PLAZA STE. 1818  
101 E. KENNEDY BLVD.  
TAMPA FL 33629

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607 (940) 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 of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: D  
12.2 NAME: OTTINGER, J T  
12.3 STREET ADDRESS: 9270 BAY PLAZA BLVD. STE. 660  
12.4 CITY, ST, ZIP: TAMPA FL 33619

13.1 TITLE:  Change  Addition  
13.2 NAME: **4521 Mahican Trail**  
13.3 STREET ADDRESS: **Valrico, FL 33594**  
13.4 CITY, ST, ZIP: **Valrico, FL 33594**

12.1 TITLE: D  
12.2 NAME: OTTINGER, ANN W  
12.3 STREET ADDRESS: 9270 BAY PLAZA BLVD. STE. 660  
12.4 CITY, ST, ZIP: TAMPA FL 33619

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199 (2)(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made and signed by 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, attached or as a separate attachment with an address.

SIGNATURE:

*J. Terry Ottinger*  
PRESIDENT  
J. TERRY OTTINGER

4-28-95

(813) 620-0505