


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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90106 025 \*\*\*158.75

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P94000039733**

1. Corporation Name  
**SECURITY CREDIT LEASING, INC.**

Principal Place of Business <b>CENTER POINT BUSINESS PARK 1911 US HIGHWAY 301 NORTH, SUITE 300 TAMPA FL 33619 US</b>	Mailing Address <b>P.O. BOX 671 BRANDON FL 33511 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/23/1994</b>	
21		26		4. FEI Number <b>59-3251574</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>SOLOMON, STANFORD R BARNETT PLAZA STE. 1818 101 E. KENNEDY BLVD. TAMPA FL 33629</b>		10. Name and Address of New Registered Agent	
		81 Name <b>Ottinger, J. Terry</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>1911 US Highway 301 North, Suite 300</b>	
		83	
		84 City <b>Tampa</b>	85 Zip Code <b>FL 33619</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 J. Terry Ottinger **J. TERRY OTTINGER, President/Director** **2-25-99**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTTINGER, J T</b>	1.2 NAME	<b>J. Terry Ottinger, J. Terry</b>
STREET ADDRESS	<b>4521 MOHICAN TRAIL</b>	1.3 STREET ADDRESS	<b>4521 Mohican Trail</b>
CITY-ST-ZIP	<b>VALRICE FL</b>	1.4 CITY-ST-ZIP	<b>Valrico, FL 33594</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTTINGER, ANN W</b>	2.2 NAME	<b>Ottinger, Ann W.</b>
STREET ADDRESS	<b>4521 MOHICAN TRAIL</b>	2.3 STREET ADDRESS	<b>4521 Mohican Trail</b>
CITY-ST-ZIP	<b>VALRICE FL</b>	2.4 CITY-ST-ZIP	<b>Valrico, FL 33594</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: J. Terry Ottinger **J. TERRY OTTINGER, Director** **2-25-99** **(813) 620-0505**  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)