

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000065483 (7)**

1. Corporation Name
BRISTOL CREDIT CORPORATION



Principal Place of Business 1000 N. HIATUS ROAD SUITE 140 PEMBROKE PINES FL 33026	Mailing Address 1000 N. HIATUS ROAD SUITE 140 PEMBROKE PINES FL 33026
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3. Date Incorporated or Qualified 08/29/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0535167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**SAMMARCO, VINCENT T
1000 N. HIATUS ROAD
SUITE 140
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent
81 Name **Mirrer, Lance P.**
82 Street Address (P.O. Box Number is Not Acceptable)
200 S. Pine Island Rd.
83 **Suite 206**
84 City **Plantation** FL 85 Zip Code **33324**

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: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	MIRRE, LANCE P	
STREET ADDRESS	200 S. PINE ISLAND, SUITE 206	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1 2 NAME			
1 3 STREET ADDRESS			
1 4 CITY-ST-ZIP			
2 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2 2 NAME			
2 3 STREET ADDRESS			
2 4 CITY-ST-ZIP			
3 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3 2 NAME			
3 3 STREET ADDRESS			
3 4 CITY-ST-ZIP			
4 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4 2 NAME			
4 3 STREET ADDRESS			
4 4 CITY-ST-ZIP			
5 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5 2 NAME			
5 3 STREET ADDRESS			
5 4 CITY-ST-ZIP			
6 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6 2 NAME			
6 3 STREET ADDRESS			
6 4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: DATE: **4/10/96** DAY/TEL. PHONE #: **954-473-1099**

CFR2034 (12/95)