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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091109 (6)

COLEY CREDIT CORPORATION

Principal Place of Business Mailing Address
2101 WASHINGTON BLVD
SARASOTA FL 34234
US

Mailing Address
2226 SIESTA DR
SARASOTA FL 34239-5303
US

		•••			I	
				3. Date Incorporated or Qualified 12/15/1994	3a. Date of East Report 03/29/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	6		65-0444212	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Additional
22		27			S. Commode of Status Desired	Fee Required
City & State	e	City & State	ı ,		6. Election Campaign Financing	\$5.00 May Be
23	Comp	28	T 6-		Trust Fund Contribution	Added to Fees
Ζip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25 25		30			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CODDODATION SERVICE COMPANY 81 Name						
CORPORATION SERVICE COMPANY				THE TIPE		
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			ا	63		
			**	5		
			E	4 City		FL 85 Zip Code
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating) DATE						
12.	Signature, typed or printed name of registered ago OFFICERS AN		13.	sgent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	
TITLE	OFFICENS AN	DELETE	1.1 I)ILI	- T	ADDITIONS/OFFAINGES TO OFFICE	Change Addition
NAME	YODER, PAUL	the state of	1.2 NAM	i		Shangs Problish
STREET ADDRESS	3331 PLANTATION DRIVE			ET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231					
TITLE	OF STORES OF STEEL	☐ DELETE	2.1 T/TL	-ST-ZIP		Change Addition
NAME			2.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				7-S1-ZIP		
TITLE		DELE 1E	31 TITL			Change Addition
NAME		- ·	32 NAM	1		*
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				(-ST-ZIP		
TITLE		☐ DELE1E	4.1 TITL!			Change Addition
NAME			4. 2 NAN	I		-
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE	777	DELETE	5.1 TITU			☐ Change ☐ Addition
NAME	•	· ·	5.2 NAM			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP	•	•		- ST - ZIP		
TITLE		DELETE	6.1 THE			☐ Change ☐ Addition
NAME			6.2 NAM	l		
STREET ADDRESS			1	E1 ADDRESS		į
AITY OF BID				61.30		

14. I do 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.

CICKIATURE.

4-22-97

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FILED

Apr 29 1997 8:00am

Secretary of State