

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000091700 (2)

1. Corporation Name
CORVETTE CREDIT CORPORATION

Principal Place of Business
1426 GULF TO BAY BLVD.
#C
CLEARWATER FL 34615

Mailing Address
1426 GULF TO BAY BLVD.
#C
CLEARWATER FL 34615-5313



3. Date Incorporated or Qualified 12/19/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3319576		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30 Country			

9. Name and Address of Current Registered Agent

CRIST, JAMES G
1426 GULF TO BAY BLVD.
#C
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CRIST, JAMES G			1.2 NAME			
STREET ADDRESS	1426 GULF TO BAY BLVD. STE C			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34615			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BAUER, ROBERT O JR.			2.2 NAME			
STREET ADDRESS	1426 GULF TO BAY BLVD. STE C			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34615			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCNEELEY, PAUL			3.2 NAME			
STREET ADDRESS	1426 GULF TO BAY BLVD. STE C			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34615			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BEATTY, LAUREL			4.2 NAME			
STREET ADDRESS	1426 GULF TO BAY BLVD. STE C			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34615			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 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.

SIGNATURE: Paul McNealey 4/21/97 813-585-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)