

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

FILED

Aug 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <i>Amended 1997</i>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P94000091700*
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*

3. Date Incorporated or Qualified <i>12/19/1994</i>	3a. Date of Last Report <i>2/21/97</i>
4. FEI Number <i>59-3319576</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent <i>Crist, James G. 1426 Gulf To Bay Blvd. #C Clearwater, FL 34615</i>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<i>D P Crist, James G</i>
STREET ADDRESS	<i>1426 Gulf To Bay Blvd.</i>
CITY-ST-ZIP	<i>Clearwater, FL 34615</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>D V Bauer, Robert O Jr.</i>
STREET ADDRESS	<i>1426 Gulf To Bay Blvd.</i>
CITY-ST-ZIP	<i>Clearwater, FL 34615</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>D Beatty, Laurel</i>
STREET ADDRESS	<i>1426 Gulf To Bay Blvd.</i>
CITY-ST-ZIP	<i>Clearwater, FL 34615</i>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<i>D V McNeely, Paul</i>
STREET ADDRESS	<i>1426 Gulf To Bay Blvd.</i>
CITY-ST-ZIP	<i>Clearwater, FL 34615</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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: *Jim Crist* Date: *8/4/97* Daytime Phone #: *813-585-6000*

CR2E034 (9/96)