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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000019904 (8)

NEW WORLD CREDIT CORPORATION

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-		IBIJO ĮDIJI T O	III QIDI 109 1
	IMOND PARK DR. Le FL 32224		4135 E. RICHMOND PARK DR. Jacksonville fl 32224 US			DO NOT WRIT	E IN THIS SP	ACE	
						3. Date Incorporated or Qualified 03/09/1995	W-12	* .	
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address 26			4. FEI Number 59-3309657			plied For t Applicable
Suite, Apt.	#, etc.	Suito, Apt.	<u> </u>			5. Certificate of Status Desired		\$8.75 A	
City & Stat	е	28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country Zip		- ⊢	untry		8. This corporation owes or has p	.—		- ~ 1
24	9. Name and Address of	29 Current Registered Agen	30	т		Personal Property Tax due Jun 10. Name and Address of New R			J No
VA	LINHO, FRANKLIN M	Contail Registered Agen		81	Name	10. Name and Address of New I	adiarated wi	10111	
4135 E. RICHMOND PARK DR.						(0.0 6 N + 1 N + 1			
	CKSONVILLE FL 32224				Street Addre	ress (P.O. Box Number is Not Acceptable)			
				63					
					City		FL	85 Zip (
11. Pursuant office or ragent. I a	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	07.0502 and 607.1508, Flo e State of Florida. Such ch o obligations of, Section 60	rida Statutes, the a ange was authoriza 7.0505, Florida Sta	above- ed by t atutes.	named corpo the corporation	pration submits this statement for the on's board of directors. I hereby accepts	purpose of c opt the appoi	hanging its ntment as	s registered registered
SIGNATURE		4.00							
Signature typed or printed name of registered agent and title if appticable (NOTE) 12. OFFICERS AND DIRECTORS			(NOTE: Register		signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND I	IRECTOR	S IN 12
TITLE	DP			TITLE		10011010101111020100111		Change	Addition
NAME	VALINHO, FRANKLIN N		1.21	NAME					j
STREET ADDRESS 4135 E. RICHMOND PARK DR.			1.3	1.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 322			CITY-ST-	ZIP				
TITLE	VALINHO, JOSEPH A	L	1	TITLE			L	Change	☐ Addition
NAME	4135 E. RICHMOND PA	ARK NB		2.2 NAME					
STREET ADDRESS	JACKSONVILLE FL 322		•	STREET A	ſ				
CITY-ST-ZIP TITLE				CITY-ST TITLE	- 211			Change	Addition
NAME		_		NAME			_		
STREET ADDRESS			3.3	STREET A	DDRESS				•
CITY-ST-ZIP	<u></u>			CITY-ST	- ZIP				
TITLE			DELETE 4.1 1	TITLE				Change	Addition
NAME				NAME]				
STREET ADDRESS				STREET A	- 1				ſ
CITY-ST-ZIP TITLE				CITY-ST- Title	ZIP			Change	☐ Addition
NAME	i.		•	NAME	-			⊃ onanAc	- Kaniinii
STREET ADDRESS				navac Street ai	nneess				
CITY-\$1-ZIP				CITY-ST-					1
TITLE	<u> </u>			TALE				Change	Addition
NAME				NAME	İ			-	
STREET ADDRESS				STREET A	DDRESS				
CITY-ST-ZIP				CITY-ST-					
14. I hereby o	certify that the information supp	blied with this filling does no	ot qualify for the ex	emptio	on stated in S	Section 119.07(3)(i), Florida Statutes.	I further certi	v 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 empowared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of an an attachment with an address.