Jun 09, 1999 8:00 am

Secretary of State

06-09-1999 90005 015 ***550.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019904

1. Corporation Name

NEW WORLD CREDIT CORPORATION

Principal Place of Business Mailing Address) (48)(48) (4) H	., .,,,,		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
4135 E. RICHMOND PARK DR. JACKSONVILLE FL 32224 US			4135 E. RICHMOND PARK DR. JACKSONVILLE FL 32224 US					DO NOT WRITE IN THIS SPACE					
						3.	03/09/1995	or Qualifed	l 				
2. Principal P	lace of Business		2a. Mailing Address				4.	FEI Number			Ар	olied For	
21			26					59-330 <u>9657</u>				Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5	Certificate of Status	Desired		\$8.75 △		
22							J.	Certificate of ototoo			Fee Re	quired	
City & Stat	e		City & State						=12-22-17-17-17-17-17-17-17-17-17-17-17-17-17-			\$5.00 - Added t	
Zip						ountry			This corporation ov	ves the cur	rent year Ir		_
24	25 29 30								Personal Property	Тах.		☐ Yes	□No
<u>,=,: </u>	9. Name and Address of Current Registered Agent							10.	Name and Addres	s of New	Registered	Agent	
					81		Name						
VALINHO, FRANKLIN M					82 Street Addr			idress (P	P.O. Box Number is	Not Accept	table)		
4135 É. RICHMOND PARK DR.													
JACKSONVILLE FL 32224					83	3							
					84	1 1	City				FI	85 Zip (ode
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.												registered gistered	
SIGNATURE											DATE		
Signature, types of printed from 5 - 5						istered Agent signature require			reinstating) ADDITIONS/CHANG	SES TO OF		ND DIRECTO	PS IN 12
12.	0,1102107110					1.1 TITLE			ADDITIONS/CHANG	363 10 01	FICENSA	Change	Addition
TITLE	<u> </u>					1.2 NAME							
NAME	AVEIGHO, LENGINEIR IN						00000						
	TREE ADDRESS 4 100 E. MOTHIOTED FRANCE DIE					1.3 STREET ADDRESS							
CITY-ST-ZIP	0/10/100/1/1EEE 12 02221					1,4 CITY-ST-ZIP 2.1 TITLE						Change	Addition
TITLE	D401 —												
NAME	VALITIO, SOOLI II N					2.2 NAME							
THE TABLES					2.3 STREET ADDRESS								
CITY-ST-ZIP	OFFICE OF OFFICE OF THE OFFICE					2.4 CITY- ST-ZIP						Change	Addition
TITLE	1		L	DELETE	3.1 TITLE							T anguige	
NAME	{				3.2 NAME								
STREET ADDRESS					3.3 STREE								
CITY-ST-ZIP					3.4. CITY-	ST-	ZIP						

14. 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, with all other like empowered.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 62 NAME

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

FRANKLI'N VALINHO 5/26/99 904-998-4040

Change

Change

☐ Change

☐ Addition

Addition

☐ Addition