


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

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Apr 28 1997 8:00am  
Secretary of State

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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>   |  |   |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| <b>DOCUMENT # P96000033844 (7)</b><br>1. Corporation Name<br><b>DIVERSIFIED DEBIT &amp; CREDIT, INC.</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>4711 SOUTH HIMES AVENUE, UNIT 508</b><br><b>TAMPA FL 33611</b>   |  |  | Mailing Address<br><b>4711 SOUTH HIMES AVENUE, UNIT 508</b><br><b>TAMPA FL 33611-2620</b>   |  |  |
| 2. Principal Place of Business<br>21 <b>5840 West Cypress St.</b><br>Suite, Apt. #, etc.<br>22 <b>SUITE D</b><br>City & State<br>23 <b>TAMPA FL</b><br>Zip<br>24 <b>33607</b>  |  | 2a. Mailing Address<br>25 <b>5840 West Cypress St.</b><br>Suite, Apt. #, etc.<br>26 <b>SUITE D</b><br>City & State<br>27 <b>TAMPA FL</b><br>Zip<br>28 <b>33607</b> |   | 3. Date Incorporated or Qualified<br><b>04/18/1996</b><br>3a. Date of Last Report<br><b>04/18/1996</b><br>4. FEI Number<br><b>59-3372978</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 8. Name and Address of Current Registered Agent<br><b>AMERILAWYER CHARTERED</b><br><b>343 ALMERIA AVENUE</b><br><b>CORAL GABLES FL 33134</b>   |  |  | 10. Name and Address of New Registered Agent<br>81 Name <b>JANA CHEVALIER</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>118 South HALE AVE</b><br>83<br>84 City <b>TAMPA</b> <b>FL</b> 85 Zip Code <b>33609</b>  |  |  |
| 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.<br>SIGNATURE <i>Jana Chevalier</i> <b>JANA CHEVALIER</b> <b>4-17-97</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |  |   |  |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE <b>PD</b> <input type="checkbox"/> DELETE<br>NAME <b>CHEVALIER, JACK JR.</b><br>STREET ADDRESS <b>4711 SOUTH HIMES AVENUE, UNIT 508</b><br>CITY-ST-ZIP <b>TAMPA FL 33611</b><br>TITLE <b>STD</b> <input type="checkbox"/> DELETE<br>NAME <b>MOTYKA, JANA</b><br>STREET ADDRESS <b>4711 SOUTH HIMES AVENUE, UNIT 508</b><br>CITY-ST-ZIP <b>TAMPA FL 33611</b><br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME <b>CHEVALIER, JACK</b><br>1.3 STREET ADDRESS <b>118 South HALE AVE</b><br>1.4 CITY-ST-ZIP <b>TAMPA, FL 33609</b><br>2.1 TITLE <b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME <b>CHEVALIER, JANA</b><br>2.3 STREET ADDRESS <b>118 South HALE AVE</b><br>2.4 CITY-ST-ZIP <b>TAMPA, FL 33609</b><br>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |  |  |



CR2E034 (9/96)

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:** *Jana Chevalier* **4-17-97** **813-287-1866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**0359326**