May 05, 1999 8:00 am Secretary of State

05-05-1999 90133 043 ***158.75

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057359

1. Corporation Name

Principal Place of Business

CREDIT INTERNATIONAL, INC.

7380 SAND LAKE HUAD SUITE 350 ORLANDO FL 32819		SUITE 350 ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	•		59-3404920	<u> </u>	Not Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.				\$8.7	5 Additional
·	, 0,0	27	¬ ''		5. Certifcate of Status Desired	Fee	Required
22 City & State		City & State			-6 Election Campaign Financing -	\$5:0	10 May Be
	·	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current	vear Intangible	
	25 29 30				Personal Property Tax.	Yes	No
24	9. Name and Address of Curre		30(-	10. Name and Address of New Reg	istered Agent	
	9. Name and Address of Cure	III Kedisteren Adent	81	Name			
SIEGEL, ALAN A							
7380	SAND LAKE ROAD		82	Street	Address (P.O. Box Number is Not Acceptable	·) 	
	E 350		83				
ORL	ANDO FL 32819		84	City		85 Z	ip Code
			1			FL	·
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above	e-named	corporation submits this statement for the purporation's board of directors. I hereby accept the	rpose of changing ne appointment as	its registered registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes	i.	, ,		
SIGNATURE		ANOTE:	Desistand Acc	at aranatura	equired when reinstating)	DATE	
	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ii sigriziure r	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
12.		DELETE	1.1 TITLE		O	Chang	
TITLE	D all the second				l —		. –
NAME	SIEGEL, ALAN A		1.2 NAME		Singel Alan A 1750 Sand Lake Rd., # 350		
STREET ADDRESS	714 WOODWARD STREET		1.3 STREE	TADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-S	T-ZIP	Orlando, FL 328FI		ge
TITLE		☐ DELETE	2.1 TITLE			☐ Chang	je 🗀 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE		DELETE	3.1-TITLE			Chan	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	, 4.1 TITLE			Chan	ge Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	ge
NAME	h .		5.2 NAME				
STREET ADDRESS	•	1	5.3 STREE	TADDRESS			
CITY-ST-ZiP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	ge
NAME			6.2 NAME				
CTDECT ADVOCAGE			6.3 STREE	TADDRESS			

14. I hereby certify that the information supplied with this filing does not gralify 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)