Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90056 014 ***150.00

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 # P96000078147

| i. Corporation | i Name | | | | |
|---|--|------------------------------------|---|---------------|--|
| CLARITY | CREDIT CORPORATION | | (1980) 1881 1881 1981 (1980) 1881 1881 1881 1881 1881 1881 1881 1 | 1881 (SG) | |
| | | | | | |
| Principal Place | of Business Mailing Address | | | 1861 1881 | |
| 33920 U.S. 19 NORTH 33920 U.S. 19 NORTH | | | , | | |
| SUITE 300 SUITE 300 | | | DO NOT WRITE IN THIS SPACE | | |
| PALM HARBOR | FL 34684 PALM HARBOR FL 34684 | | 3. Date Incorporated or Qualifed | $\overline{}$ | |
| | | | 09/19/1996 | | |
| 2 Principal D | ace of Business 2a. Mailing Address | | 4. FEI Number Applied | For | |
| | PANK PLACE BLVD- 26 | . / | | plicable | |
| Suite, Apt. | | | _ \$8.75 Addit | | |
| | 27 27 | 12 | 5. Certificate of Status Desired Fee Require | | |
| City & State | | $\overline{\omega}$ | 6. Election Campaign Financing S5.00 May | / Be | |
| 23 CLEA | MWATER , FL 28 | | Trust Fund Contribution Added to Fe | | |
| Zip | Countly Zip | Country | 8. This corporation owes the current year Intangible | | |
| 24 737 | 55 [25] PINEUAS [29] | | Personal Property Tax. | 10 | |
| | 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| 81 Name | | | | | |
| | DWIN, JAMES W | 82 Street Add | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | NORTH TAMPA STREET | | , | | |
| SUITE 2300 | | 83 | | | |
| TAM | PA FL 33602 | 84 City | 85 Zip Code | | |
| | · · · · · · · · · · · · · · · · · · · | 1-1-1 | FL | | |
| 11. Pursuant | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was au | s, the above-named con | poration submits this statement for the purpose of changing its regi | stered | |
| office or n agent. I a | egistered agent, or both, in the State of Florida. Such change was ad- m familiar with, and accept the obligations of, Section 607.0505, Florid | da Statutes. | ion's board of directors. Thereby accept the appointment as regions | | |
| SIGNATURE | | | | | |
| | | Registered Agent signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | IN 12 | |
| 12. | OFFICERS AND DIRECTORS | 13. | | Addition | |
| TITLE | PD DELETE | 1.1 TITLE | L Change L | | |
| NAME | THOMPSON, JACK | 1.2 NAME | 2. Phase District Rolls of and | | |
| STREET ADDRESS | 33920 U.S. 19 NORTH, SUITE 300 | | 311 PANK PLACE BLVD. #100 | | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | 1.4 CITY-ST-ZIP | CEANUATETC, FT 33/05 | Addition | |
| TITLE | VTSD DELETE | 2.1 TITLE | • Change L | 1 Vaginou | |
| NAME | DOBY, GREGORY | 2.2 NAME | Burrold A. W. A. A | - | |
| STREET ADDRESS | 33920 U.S. 19 NORTH, SUITE 300 | 2.3 STREET ADDRESS | BU PARK PLACE BUVD. F 100 | ļ | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | | CLENTUATOR, FL 33759 | Addition | |
| TITLE | ¥U | 3.1 TITLE | | 7.0000 | |
| NAME | NOEL, JANET | 3.2 NAME | | , | |
| STREET ADDRESS | 33920 U.S 19 NORTH, SUITE 300 | 3.3 STREET ADDRESS | | ļ | |
| CATY-ST-ZIP | PALM HARBOR FL 34684 | 3.4. CITY-ST-ZIP 4.1 TITLE | [] Change | Addition | |
| TIFLE | VU | | Shango | _, | |
| NAME | LYNCH, W.K. | 4.2 NAME | | ŀ | |
| STREET ADDRESS | 33920 U.S. 19 NORTH, SUITE 300 | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | 4.4 CITY+ST+ZIP 5.1 TITLE | | Addition | |
| TITLE | S DELETE | ■ 9.1 HHLE | | ~ | |

CLEANWATER, FL 37755 6.4 CFTY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP 14. I 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 suppliemental 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 tructee 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 all address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

FRANKEL

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

GOODWIN, JAMES W

TAMPA FL 33602

FRANKEE, TODD C.

CF0

111 E. MADISON STREET, SUITE 2300

33920 US 19 NORTH, SUITE 300

FRANKEL /16/59 (727) 785-7368

311 PANK PLACE BLVD. #100

Change

☐ Addition