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Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000013422 (5)

1. Corporation Name
21ST CENTURY CREDIT LEASING SERVICES, INC.

Principal Place of Business	Mailing Address
~~620 LAVER'S CIRCLE #324~~ 4532 Tamiami Trl. East Ste. 303 Naples, FL 34112 ~~DELRAY BEACH FL 33444~~	~~620 LAVER'S CIRCLE #324~~ 4532 Tamiami Trl. East Ste. 303 Naples, FL 34112 ~~DELRAY BEACH FL 33444~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4532 Tamiami Trail East
23 Naples, Florida
24 Zip 34112
25 Country USA

2a. Mailing Address
26 4532 Tamiami Trail East
28 Naples, Florida
29 Zip 34112
30 Country USA

3. Date Incorporated or Qualified
02/11/1997

4. FEI Number
65-0731288
☐ Applied For
☐ Not Applicable

Trust Fund Contribution ☐ Added to Fees

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHMIDT, DAVID W
100 N.E. FIFTH AVE.
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

61 Name Donald, Peter J.
62 Street Address (P.O. Box Number is Not Acceptable) 6040 Yacht Harbor Drive #203
63
64 City Naples FL 65 Zip Code 34112

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.

SIGNATURE Peter J. Donald PETER J. DONALD 1/20/98
Signature required when reinstating) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALD, PETER J 620 LAVER'S CIRCLE #324 DELRAY BEACH FL 33444	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Donald, Peter J. 4532 Tamiami Trl. East Ste. 303 Naples, FL 34112	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Strain, Tom 2509 152nd Ave. NE Ste A Redmond, WA 98052	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer Strain, Julie 2509 152nd Ave. NE Ste A Redmond WA 98052	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Young, Shelley 4532 Tamiami Trl. East Ste. 303 Naples, FL 34112	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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 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: Peter J. Donald PETER J. DONALD 1/20/98 (941)417-5699