PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT, OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9700037583  1. Corporation Name  CREDI-CARE FINANCIAL SERVICES, INC.					
Principal Place		Mailing Address	· · · · · · · · · · · · · · · · · · ·	f 48 Dif# 81 410 sAfte ramit mater amet onest nation atter	1901 Stres 19190 files Ladi
10242 NW 47 S		10242 NW 47 ST			
STE 36		STE 36			<b>~</b> F
SUNRISE FL 33	351	SUNRISE FL 33351		DO NOT WRITE IN THIS SPACE	<u> </u>
US		US		3. Date incorporated or Qualifed	
		La Mallan Address		04/28/1997 4. FEI Number	Applied For
- V- O 11	ace of Business	2a. Mailing Address	J. 47 MST.	65-0819693	Not Applicable
21 1	it etc.	26 0 24 1 UU	3. 11 21	S ا	3.75 Additional
<b>一                                    </b>	· ·	7 42			Fee Required
22 # 2		Clin State		6. Election Cempaign Financing \$	5.00 May Be
23 50	NESSE, TU	28 SUNPERE	. FC		Added to Fees
Zip 24 3335	1-796725 Blowked	29 38351-7967 30	LOWELL COUNTY	8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent					
181 Name VIAP OLIVER TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL					
TAI-VAZQUEZ, MARCIA E			Z   1	ress (P.O. Box Number is Not Acceptable)	<del></del>
7912 NW 72 AVE				7912 N.W. TEND A	VE \
TAM	ARIC FL 33321		83		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		`	84 City	MARAC FL 85	3332
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 smilliar valls, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	4 Lave	1 los 9 me	\	2121711	
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent eignature requir		9507000 IN 42
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12 Change Addition Fig. 13 Change Addition Fig. 14 Change Addition
TITLE	PSTD	OETELE	1.1 TITLE	<u></u>	
NAME	VAZQUEZ, R J		1.2 NAME		8
STREET ADDRESS	7912 NW 72 AVE		1,3 STREET ADDRESS		22
CITY-ST-ZIP	TAMARIC FL 33321	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		hange Addition 5
TAUTE			22 NAME	_	-
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		hange Addition
TITLE		<b></b> -	3.2 NAME		1
- STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		□ DELETE	4.1 TITLE		Change Addition
NAME		,	4.2 NAME		<b>1</b>
STREET ADDRESS			4.3 STREET ADDRESS	•	}
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	_		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		>hange ☐ Addition {
NAME			6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		
ATV-97-710			6.4 City-St-ZIP		
44 I horoby c	partify that the information supplied with	this filing does not qualify for th	e exemption stated in	Section 119.07(3)(i), Florida Statutes, I further certify th	at the information

supplies with this hing does not qualify for the exemptor stated in Section 175.07(2)). A whole statutes in make under cettly that I am an uppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cettly that I am an or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address, with all other like empowered. I hereby carrily that the information supplied with risk limb, indicated on this annual report or supplemental annual report or supplemental annual report of the corporation or the receiver or trust Block 12 or Block 13 if changed, ex on an attachment with

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90140 025 \*\*\*158.75