## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700070336

ENCORE CREDIT CORP.

Principal Place of Business 37837 MERIDIAN AVE., STE. 314

**SIGNATURE** 

Mailing Address

37837 MERIDIAN AVE., STE. 314

## FILED Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90008 018 \*\*\*150.00



DADE CITY FL	33525	DADE CITY FL 33525			
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 08/13/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3462152	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zîp	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Intangible Personal Property.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name	Len Johnson	
CORPORATION SERVICE COMPANY			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	1 HAYS STREET		37	827 Meridian Qu	o サス14
TAL	LAHASSEE FL 32301-2525		83	4 ST THE THE TOTAL	
			<u> </u>		
			84 City	e City F	L 85 Zip Code 33525
44 Dumunat	to the provisions of coations 607 0602	and 607 1508 Florida Statute	e the above named com	pration submits this statement for the purpose of	
office or r	registered agent or both in the State of	of Florida. Such change was a	uthorized by the corpora	ion's board of directors. I hereby accept the app	ointment as registered
agent. I a	im familiar with, and accept the obligat	ions of, section 607.0505, Flo	rida Statutes.	$\circ$	110/09
SIGNATURE .	Signature, typed or printed name of registered agent		TE: Registered Agent signature re	guired when reinstating) DATE	1777
	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D OFFICERS AND		1.1 TITLE	ADDITIONS/OFIANCES TO OFFICERS	Change Addition
	BLACKBURN, WILLIAM B	L DELETE			Change Addition
NAME			1.2 NAME		
STREET ADDRESS	3314 JEAN CIR.		1.3 STREET ADDRESS		AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP	TAMPA FL 33629		1.4 CiTY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	<del>-</del> -		2.3 STREET ADDRESS		Language Control of the Control of t
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		•	3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 C!TY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<del>_</del>	4.2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP	,		4.4 CITY-ST-ZIP		}
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE			6.1 TITLE		Change Addition
ŧ		DELETE			Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	ANE - 14 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	tale filler dans and accept of	6.4 CITY-ST-ZIP	dian 440 07/0\(\text{i}\) Elade Statutes   East	L. that the information
indicated o	n this annual report or supplemental a	nnual report is true and accur	ate and that my signatur	ction 119.07(3)(i), Florida Statutes. I further certi' e shall have the same legal effect as if made un	der oath; that I am
an officer of	or director of the corporation or the rec	eiver or trustee empowered to	execute this report as re	equired by Chapter 607, Florida Statutes; and th	at my name appears
ID BIOCK 12	or Block 13 if changed, or on an attac	innepriwiti arragoress.			

2/16/99

July 18, 1999

Katherine Harris Secretary of State-Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

This letter is in response to your Annual Corporation Report for the year 1999. I just received this in my office for the first time this year on July 14, 1999. This packet is now filled out and complete. I am requesting that you waive the late fee of \$400.00. I apologize for any inconvenince that this may have caused. Next year, I will be more cognizant of the filing deadlines. Thank you for your consideration in this matter.

Sincerely,

Marie Kelly, Office Manager

Encore