

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morone</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000078892 (1)**

1. Corporation Name

**AMERICAN BUSINESS CREDIT SERVICES, INC.**



Principal Place of Business

Mailing Address

**1004 US HWY 19, SUITE 202  
HOLIDAY FL 34691**

**1004 US HWY 19, SUITE 202  
HOLIDAY FL 34691**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/10/1997**

2. Principal Place of Business

2a. Mailing Address

**21 778 77 Ave N**

**26 19336 GOLF BLVD**

4. FEI Number

**59-3466781**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 St. Petersburg**

**28 INDIAN ROCKS, FLA**

Zip

Country

Zip

Country

**24 33702**

**25**

**29 33785**

**30 U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JANEZIC, JOSEPH  
5700 MEMORIAL HWY., SUITE 202  
TAMPA FL 33615**

81 Name

**Joseph Janecic**

82 Street Address (P.O. Box Number is Not Acceptable)

**4815 E Busch #113**

83

84 City

**Tampa**

**FL**

85 Zip Code

**33617**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

**President**

1.2 NAME

**Mike Brussard**

1.3 STREET ADDRESS

**778 77 Ave N**

1.4 CITY-ST-ZIP

**St. Petersburg, FL 33702**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

*[Signature]*

CR2E034 (10/97)