


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90253 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000079415 1. Corporation Name CHASE CREDIT COMPANY		



Principal Place of Business 1311 N. CHURCH AVENUE TAMPA FL 33607	Mailing Address 1311 N. CHURCH AVENUE TAMPA FL 33607
------------------------------------------------------------------------	------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 S130 SAN JOSE Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 18402 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/12/1997		4. FEI Number 59-3475514 Applied For <input type="checkbox"/> Not Applicable	
22 City & State TAMPA FL		27 City & State TAMPA FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33629		25 Country Hillsborough		28 Zip FL 33679		29 Country Hillsborough	

9. Name and Address of Current Registered Agent HABER, RICHARD M 1311 NORTH CHURCH AVENUE TAMPA FL 33607				10. Name and Address of New Registered Agent 81 Name BERT CHASE 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 152817 83 4615-NORTH A STREET 84 City TAMPA, FL 85 Zip Code 33684			
----------------------------------------------------------------------------------------------------------------------------------------	--	--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

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 *Bert Chase*

(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	PD CHASE, BERT P. O. BOX 18402 N/A TAMPA FL 33679 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOGGE, FRANCES 1307 PINE LAKE DR TAMPA FL 33612 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Bert Chase*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99

Date

813 786 8826

Daytime Phone

CR2E034 (11/98)