Apr 15, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000008140

1. Corporation Name

FIRST CI	REDIT/WEXFORD, INC.									
Principal Place	e of Business	Mailing Address	-				9 IMERIAAN IIIA IBIAR IBIII BAIIA AA	131 40 115 44 111 0	B\$M1 19181 11M14 4	11911 98 11 1 98 1
6220 SOUTH OF	RANGE BLOSSOM TRAIL	6220 SOUTH ORA	INGE BLOSSON	# TRAIL		Y				
SUITE 320 SUITE 320							DO NOT WE	TE IN TUIC	CDACE	•
ORLANDO FL 32809 ORLANDO FL 32809							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 01/27/1998			
2 Principal Pi	lace of Business	2a. Mailing Addre					4. FEI Number		Ap	plied For
21	nas of Business	26					[~] 59~3 4 8828	8	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				- Contiferts of Status Desired		\$8.75	
22	-	27	ے۔۔ یہ				5. Certificate of Status Desired		Fee Re	quired
City & State	le	City & State	_			Ì	6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Country		-	8. This corporation owes the curr	ent year Inta		RCA.
24	25		30				Personal Property Tax.		∐Yes	⊠ No
	9. Name and Address of Curi	rent Registered Agent	_	81	Name		10. Name and Address of New F	Register <u>e</u> a /	Agent	
MILL	er, robert e			"	1 Maille					
	DOUGLAS AVENUE			82	Street	Address	(P.O. Box Number is Not Accepta	able)		}
	AMONTE SPRINGS FL 32714			83						
NEID	MONIE OF MINOS IE SEF IT			03						
				84	City			FL	85 Zip (Code
	to the provisions of Sections 607.0	0502 4 607 1509 Election	da Ctatutaa th	o above		comors	tion submits this statement for the	numose of	changing its	registered
office or re	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such chan	ne was authori	ized by:	the corpo	oration's	board of directors. I hereby accep	pt the appoir	ntment as re	gistered
SIGNATURE								DATE		
	Signature, typed or printed name of registered		(NOTE: Regist		nt signature r	required wi		DATE AN	D DIRECTO	PS IN 12
12.	OFFICERS	AND DIRECTORS		13.	nt signature r		en reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	OFFICERS D	AND DIRECTORS	ELETE 1	13. .1 TITLE	nt signature r		ADDITIONS/CHANGES TO OF			
12. TITLE NAME	D JOHNSON, GARY L	AND DIRECTORS	ELETE 1	13. 1.1 TITLE 2.2 NAME			ADDITIONS/CHANGES TO OF			
12. TITLE NAME STREET ADDRESS	D JOHNSON, GARY L 6220 SOUTH ORANGE BLO	AND DIRECTORS	ELETE 1	13. .1 TITLE .2 NAME .3 STREET	T ADDRESS		ADDITIONS/CHANGES TO OF			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GARY L 6220 SOUTH ORANGE BLO ORLANDO FL 32809	AND DIRECTORS DI SSOM TRAIL, SUITE 3	ELETE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. .1 TITLE .2 NAME .3 STREET	T ADDRESS		ADDITIONS/CHANGES TO OF			
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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 eddress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

407-812-5600 Daytime Phone #