

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90142 005 ***158.75

DOCUMENT # P98000066928

1. Corporation Name
CREDIT SOLUTIONS, INC.



Principal Place of Business
14006 STARBOARD DRIVE
SEMINOLE FL 33776

Mailing Address
14006 STARBOARD DRIVE
SEMINOLE FL 33776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1998

4. FEI Number
59-3530371
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 13555 Automobile Blvd
Suite, Apt. #, etc.

26 13555 Automobile Blvd
Suite, Apt. #, etc.

22 Suite 600

27 Suite 600

23 Clearwater FL
City & State

28 Clearwater FL
City & State

24 33762 25 USA
Zip Country

29 33762 30 USA
Zip Country

9. Name and Address of Current Registered Agent

WALL, MARK M
14006 STARBOARD DRIVE
SEMINOLE FL 33776

10. Name and Address of New Registered Agent

81 Name Judd A. Levy
82 Street Address (P.O. Box Number is Not Acceptable)
13555 Automobile Blvd
83 Suite 600
84 City Clearwater FL 85 Zip Code 33762

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, 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 *Judd A. Levy*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-9-99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME WALL, MARK M
STREET ADDRESS 14006 STARBOARD DRIVE
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Judd A. Levy
1.3 STREET ADDRESS 13555 Automobile Blvd, Suite 600
1.4 CITY-ST-ZIP Clearwater FL 33762

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Judd A. Levy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 (727) 540-9003
Date Daytime Phone #

CR2E034 (1/198)

04/21/20