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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # 00000

## **FILED** Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90040 048 \*\*\*150.00

1. Corporation Name	)(	·	1	
ASSOCIATED RECEIVABLES	S FUNDING OF F	LORIDA, INC	<del>.</del>	
Principal Place of Business	Mailing Address		1	
			DO NOT WRITE IN	N THIS SPACE
			3. Date Incorporated or Qualified 8/3/98	
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21 617 E.WASHINGTON ST.	26 P.O. BOX 1	6 <u>253</u>	59-3535093	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 SUITE 1	27    City & State		6. Election Campaign Financing	□ \$5.00 May Be
23 ORLANDO, FL	28 GREENVILLE	, sc	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the curre	
24 32801 [25 USA	<b>29</b> 29606 <b>3</b> 0	USA	Property Tax.	X Yes No
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
		81 Name		
TAMES D DOWNING		82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
JAMES R. DOWNING				
617 E. WASHINGTON ST., SUITE 1				1
ORLANDO, FL 32801		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607 1609 Florido Status	loc the above named (	corporation cultimits this statement for	
registered office or registered agent, or both.	in the State of Florida. Such ch	ande was authorized b	y the corporation's board of directors. I	hereby accept the appointment
as registered agent. I am familiar with, and ac	cept the obligations of, Section	607.0505, Florida Stat	utes.	• • •
Signature, typed or printed name of regist	ered agent and title if applicable.	(NOTE: Registered A	gent signature required when reinstating)	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TILE PRESIDENT	DELETE	1.1 TITLE		Change Addition
NAME JAMES R. DOWNIN		1.2 NAME		E034
STREET ADDRESS   617 E. WASHINGT		1.3 STREET ADDRESS		μ̈́
	2801	1.4 CITY-ST-ZIP		
mle CHAIRMAN		2.1 TITLE		Change Addition
NAME BRIAN K. HOLDEN		2.2 NAME		ĺ
STREET ADDRESS 330 PELHAM ROAL CITY - ST - ZIP GREENVILLE, SC	29602	2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
me DIRECTOR_	DELETE	3.1 TITLE		Change Addition
NAME JACK E. SHAW	. ~	3.2 NAME		
STREET ADDRESS 2320 E. NORTH S	ST.	3.3 STREET ADDRESS		. 1
CITY-ST-ZIP GREENVILLE, SC	29607	3.4 CFTY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		\ .
CITY - ST - ZIP		4.4 CITY-ST-ZIP	<u> </u>	
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		1
CITY - ST - ZIP		5.4 CITY-ST-ZIP		Change Addition
TITLE	[]DELETE	6.1 TITLE 6.2 NAME	•	Change Changing
NAME STREET ADDRESS		6.3 STREET ADDRESS		j
CITY - ST - ZIP		6.4 CITY-ST-ZIP	•	
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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: A SAL JOHN BRIAN K. HOWARD	13/3/99
CHARACTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	/ Date

X 864 250 - 2107 Daytime Phone #