FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S05290** **(9)**

1. Corporate Name

SEMINOLE CREDIT CORP.

Principal Place of Business

11540 HIGHWAY 92 EAST
SEFFNER FL 33584

Mailing Address

11540 HIGHWAY 92 EAST
SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/11/1990**

3a. Date of Last Report: **01/26/1994**

21 2. Principal Place of Business

26 2a. Mailing Address

4. FEI Number: **59-3134625** ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State

28 City & State

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

24 Zip 25 Country 29 Zip 30 Country

7. This corporation has subchapter S election under S 1362(a) Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

BEYER, DAVID A
C/O RUDNICK & WOLFE
101 EAST KENNEDY, SUITE 2000
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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

(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SEAMAN, MORTON	12 NAME	
STREET ADDRESS	4 MORAINE COURT	13 STREET ADDRESS	
CITY-ST-ZIP	MUTTONTOWN NY 11791	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	SEAMAN, JEFFREY	22 NAME	
STREET ADDRESS	115 CENTRAL PARK WEST	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	24 CITY-ST-ZIP	
TITLE	VST	31 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, LARRY	32 NAME	
STREET ADDRESS	11540 HIGHWAY 92 EAST	33 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	CLAESON, ROBERT	42 NAME	
STREET ADDRESS	C/O 330 MADISON AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017-5001	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing 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 with an address.

SIGNATURE: [signature] Larry Schwartz 4/21/95 (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Vice President — Date — Telephone Number

0240766 CR