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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # S05290  OLE CREDIT CORP.	(9)			
Principal Place of Business 11540 HiGHWAY 82 EAST SEFFNER FL 33584		Mailing Address 11540 HiGHWAY 92 EAST SEFFNER FL 33584-7346			
				3. Date Incorporated or Qualified 10/11/1990	3a. Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3134625	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & State	to	City & State			Fee Required
City & State	C C	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
	yer, david a		81 Name		
	RUDNICK & WOLFE		82 Street Addr	ress (P.O. Box Number is Not Accepte	ible)
	EAST KENNEDY, SUITE 2000		69	, , , , , , , , , , , , , , , , , , , ,	· .
TAN	MPA FL 33602		83		
			84 City		FL 85 Zip Code
SIGNATURE.	to the provisions of Sections 607.0502 registered agent, or both, in the State or am familiar with, and accept the obligations.				purpose of changing its registered pt the appointment as registered
	Signature Type dice printed name of registered agent		E: Registered Agent signature require		DATE OFFICE OF THE ASS
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
NAME	SEAMAN, MORTON	terrori ar ar ar ar	1.2 NAME		Li vittingo Li riosition
STREET ADDRESS	4 MORAINE COURT		1.3 STREET ADDRESS		
DOTY - ST - ZIP	MUTTONTOWN NY 11791		1.4 CITY-ST-ZIP		
TOTLE	P	DELETE	2.1 TITLE	<del>,</del>	Change Addition
NAME	SEAMAN, JEFFREY		2.2 NAME		
STREET ADDRESS	11540 HIGHWAY 92 EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL		2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	VST	☐ DELETE	3.1 TITLE		Change Addition
NAME CAREER ADDRESS	SCHWARTZ, LARRY		3.2 NAME		
STREET ADDRESS	11540 HIGHWY 92 EAST SEFFNER FL 33584		3.3 STREET AODRESS		
CITY-S1-ZIP TITLE	AS	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	CLAESON, ROBERT		4. 2 NAME		that that you have the
STREET ADDRESS	C/O 330 MADISON AVENUE		4.3 STREET ADDRESS		
CITY+ST-ZIP	NEW YORK NY 10017-5001		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 THLE		☐ Change ☐ Addition
NAM:			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
THTLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$1-7IP <b>14.</b> I do heret	by certify that the information supplied	with this filing does not quali-	6.4 CITY-ST-ZIP  fy for the exemption stated	t in Section 119 07/3/(i) Florida Statut	on I further certify that the
14. I do heret information Lam an of	Logical by certify that the information supplied by certify that the information supplied on this annual report or supflicer or director of the corporation or the Block 12 or Block 13 if changed, or contains the supplied of the supplied o	ipplemental annual report is tr the receiver or rustle empow	fy for the exemption stated true and accurate and that vered to execute this report	t my signature shall have the same leg	al offert se if made under nath

SIGNATURE:

**FILED** 

May 05 1997 8:00am

Secretary of State