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

[illegible] AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S42874** **(5)**

1. Corporate Name
CONSUMER CREDIT CORPORATION

Principal Place of Business
6112 N FLORIDA AVE
TAMPA FL 33604

Mailing Address
6112 N FLORIDA AVE
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date to be reinstated or Qualified: **04/01/1991**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **59-3065087** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes [X] No

9. Name and Address of Current Registered Agent

FERNANDEZ, EDWARD A.
6112 N FLORIDA AVE
TAMPA FL 33604

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 Section(s) 607.0502 and/or 607.1508, 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, this signature must be that of the new registered agent) (If changing Registered Agent or appointing replacement registered agent, this signature must be that of the former registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	D	1 Title	☐ Change ☐ Addition
1 Name	FERNANDEZ, EDWARD A.	1 Name	
1 Street Address	6112 N FLORIDA AVE	1 Street Address	
1 City, St, ZIP	TAMPA FL	1 City, St, ZIP	
2 Title	PST	2 Title	☐ Change ☐ Addition
2 Name	FERNANDEZ, EDWARD A.	2 Name	
2 Street Address	6112 N FLORIDA AVE	2 Street Address	
2 City, St, ZIP	TAMPA FL	2 City, St, ZIP	
3 Title		3 Title	☐ Change ☐ Addition
3 Name		3 Name	
3 Street Address		3 Street Address	
3 City, St, ZIP		3 City, St, ZIP	
4 Title		4 Title	☐ Change ☐ Addition
4 Name		4 Name	
4 Street Address		4 Street Address	
4 City, St, ZIP		4 City, St, ZIP	
5 Title		5 Title	☐ Change ☐ Addition
5 Name		5 Name	
5 Street Address		5 Street Address	
5 City, St, ZIP		5 City, St, ZIP	
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City, St, ZIP		6 City, St, ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate and that this report is signed in accordance with Section 607.0120(7), 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 1 or Block 12 if changed or added to this report.

SIGNATURE: Edward A Fernandez 05/04/95 813-237-3934
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL BEING OFFICER AND DIRECTOR — Date — Daytime Phone #

0280796 CP