

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S51700 (0)

1. Corporation Name

PRIORITY CREDIT SERVICES, INC.



Principal Place of Business

1325 S CONGRESS AVE
#201
BOYNTON BEACH FL 33426
US

Mailing Address

1325 S CONGRESS AVE
#201
BOYNTON BEACH FL 33426
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

05/09/1991

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0261886

Applied For

Not Applicable

5. Certificate of Status Desired

\$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 ☐ No ☒

9. Name and Address of Current Registered Agent

MANNING DAVID
1325 S CONGRESS AVE
STE 201
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name

KAREN MANNING

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

1325 S Congress Ave

83

#201

84 City

Boynton Beach FL

85 Zip Code

33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Karen L. Manning
Signature, typed or printed name of registered agent and file if applicable

KAREN L. MANNING, President

DATE

4/17/96

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TS
MANNING, DAVID G.
7 DOGWOOD CIRCLE
BOYNTON BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
MANNING, KAREN L.
7 DOGWOOD CIRCLE
BOYNTON BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GRIFFITH, LEONA A.
301 S.W. COVINGTON ROAD
PORT ST. LUCIE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GRIFFITH, JAMES D.
10301 CEDAR RIDGE DRIVE
MANASSAS VA

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

100001793821
-04/25/96--01015--023
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Karen L. Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

Date

407/737-8445

Daytime Phone

CR2E034 (12/95)