


4-27-98 B-5617-C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S52046 (7)  
1. Corporation Name  
LCA CREDIT CORP.



Principal Place of Business 701 E. COMMERCIAL BLVD. 4TH FLOOR FT. LAUDERDALE FL 33334-3261 US	Mailing Address 701 E. COMMERCIAL BLVD. 4TH FLOOR FT. LAUDERDALE FL 33334-3261 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0264755	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SALIBA, VANBUREN A. 701 E. COMMERCIAL BLVD. 4TH FLOOR FT. LAUDERDALE FL 33334		10. Name and Address of New Registered Agent	
81	Name	SALIBA, VAN A.	
82	Street Address (P.O. Box Number is Not Acceptable)	Same	
83	City	Same	
84	Zip Code	FL	

11. Pursuant to the provisions of Sections 607.0502 and 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: VAN A. SALIBA, President *Van A. Saliba* 4-16-98  
Signature, typed or printed name of registered agent as of date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PST
NAME	SALIBA, VANBUREN A.	1.2 NAME	SALIBA, VAN A.
STREET ADDRESS	701 E. COMMERCIAL BLVD., 4TH FLOOR	1.3 STREET ADDRESS	701 E. COMMERCIAL BLVD., 4TH FLOOR
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE	D	2.1 TITLE	D
NAME	THOMPSON, DONALD J.	2.2 NAME	SALIBA, VAN A.
STREET ADDRESS	701 E. COMMERCIAL BLVD., 4TH FLOOR	2.3 STREET ADDRESS	701 E. COMMERCIAL BLVD 4TH FLOOR
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 and were 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 to this report.

SIGNATURE: *Van A. Saliba* 4-16-98 954-771-2100

CR2E034 (10/97)