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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

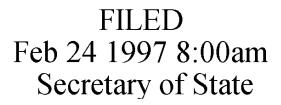
S60993

(0)

CREDITLINE, INC.

Principal P	ace of	Business

Mailing Address





2511 N. WOODLAND BLVD. DELAND FL 32720			2511 N. WOODLAND BLVD. DELAND FL 32720-1332								
							3. Date Incorporated or Qualified 06/17/1991	3a. Date of 05/01/	1996		
<del></del> , '	ace of Business		2a. Mailing Addr	ress			4. FEI Number			plied For	
21 Suite Ant i	# ota		26 Suite Act #	oto			59-3064606	60		t Applicable	
Suite, Apt. #, etc.         Suite, Apt. #           22         27							5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	0		City & State				Election Campaign Financing     Trust Fund Contribution		5.00 Added t	May Be o Fees	
Zip 24	Cour <b>25</b>	itry	Zip 29	30	Country			]Yes □ No	)	199.032,	
	9. Name and Add	ress of Curren	t Registered Agent				10. Name and Address of New Re	gistered Agen	t		
LAW	VRENCE, CECIL E.				81	Name	·				
1594 S 15A DELAND FL 32720				82	Street Ad	et Address (P.O. Box Number is Not Acceptable)					
				83		7 11111	·				
					84			FL 85	l .	Code	
11. Pursuant t office or re agent. Lar	to the provisions of Se egistered agent, or bo m familiar with, and a	ections 607.050 oth, in the State occept the obliga	2 and 607.1508, Flori of Florida. Such char ations of, Section 607	da Statutes, ige was auth .0505, Florid	the above orized by a Statutes	e-named co the corpor s.	rporation submits this statement for the prairies board of directors. I hereby acceptation's board of directors.	ourpose of chain of the appointm	nging it nent as	s registered registered	
SIGNATURE	Signature, typed of printed na	any of registered age.	of and title it anglicable.	(NOTE: Re	cistered Act	of signature reg	ulrad when reinstating)	DATE		<del></del>	
12.	eng in the typing of process	OFFICERS AND		110.1.12	13.	- K Signature o roc	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12	
TITLE	S		□ D	ELETE	1.1 TITLE				Change	Addition	
NAME:	LAWRENCE, RO	BERTA A.			1.2 NAME						
STREET ADDRESS	444 A 1971 A 1147			ADDAESS							
CITY-ST-ZiP	DELAND FL				1.4 CITY - S	ST-ZIP	<b>.</b> .				
TITLE	AD			ELETE	2.1 TITLE				hange	Addition	
NAME	LAWRENCE, CEO	CIL E.			2.2 NAME						
STREET ADDRESS	1639 ADELLE AV	Æ			2.3 STREET	ADDRESS	•	i .			
CITY-S1-ZIP	DELAND FL				2. 4 City -	ST-ZIP		·	· · · · · · · · · · · · · · · · · · ·		
TITLE				ELETE	3.1 TITLE			· 🏳 (	Change	Addition	
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY - \$T - ZIP					3.4. CITY-	ST-ZIP			<u></u>		
TITLE			□ 0	ELETE	4.1 TITLE			U	Change	Addition	
NAME					-4. 2 NAME						
STREET ADDRESS					4.3 STREET	ADDRESS					
CITY-ST-ZIP					4.4 CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE			[] D	ELETE	5.1 TITLE			البا	Change	☐ Addition	
					5.2 NAME						
NAME.						- 1					
NAME STREET ADDRESS					5.3 STREET	1					
STREEY ADDRESS City - St - Zip					5.4 CITY - 5	1					
STREET ADDRESS			. [_] D	ELETE		1			Change	Addition	
STREEY ADDRESS City - St - Zip			. <u>D</u> D	ELETE	5.4 CITY - 5	1			Change	Addition	
STREEY ADDRESS OITY - ST - ZIP TITLE			. <u> </u>	ELETE	5.4 CITY-5	ST-ZIP		U	Change	Addition	

I not necessity coming that the minimization supplied with this iming does not quality for the exemption stated in section 119.07(5)(i), Frorida Statutes. I further certify that the information indicated on this annual report or supplemental equival 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 car poration or the receiver frustee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, of on an attachment with an address.

SIGNATURE

TANTING AND TYPETION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

901 734 1//3 Daytin's Prone