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

CORPORATION ANNUAL REPORT

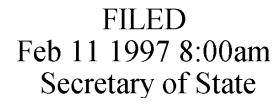
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



DOCUMENT # V59584 1. Corporation Name TAMPA CREDIT, INC. Principal Place of Business 2333 CYPRESS ST. TAMPA FL 33609 US PO BOX 340251 TAMPA FL 33694-0251 US									
•					 Date Incorporated or Qualifit 08/24/1992 	3a. Date of La 06/25/19			
	Principal Place of Business 28. Mailing Addr		ess		4. FEI Number 59-3138479		Applied For		
21 2 Suite, Apt. #, etc 2		Suite, Apt. #, etc.			Certificate of Status Desired	\$8.	Not Applicable 75 Additional		
22		27				Fe	e Required		
City & Sta 23	ate	28	City & State		 Election Campaign Financin Trust Fund Contribution 		.00 May Be ded to Fees		
Zip 24	Country 25	Zip 29	Count	ry	8. This corporation has liability Florida Statutes	for intangible tax und	ler s. 199.032,		
± 11	9. Name and Address of Curre				10. Name and Address of New				
	CKSON, GARY		8	1 Name					
	03 NORTH DALE MABRY HWY.		62 Street Ad		ddress (P.O. Box Number is Not Acce	otable)	<u>-</u>		
TAMPA FL 33614				:3					
				4 City		ler l	Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent or both, in the State of Florida, Such change was authorize agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						FLIT	•		
SIGNATURE 12. TOLE	Signature, typed or perilled name of registered a	agent and title if applicable (N ND DIRECTORS	OTE: Registered A 13. 1.1 TITu		equired when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIREC			
NAME	BENTLEY, MITCH 2333 CYPRESS ST. 12		1.1 UIL	ł		L) One	ingo 🗀 Addition		
STREET ADDRESS				EET ADDRESS					
City-S1-ZIP	TAMPA FL			-ST-ZIP					
TITLE NAME	VP JACKSON, GARY	DELETE	2.1 TITL 2.2 NAM	Ī		☐ Cha	inge Addition		
STREET ADDRESS	- 4 4AAT TRILLIAGE OF THE ORD			EET ADORESS	18921 ST LAURENT				
CITY-ST-7IP	TAMPA FL.		f "	Y - ST - ZIP	LUTZ, R 33549				
1)TLE	S ANTONICTTE DODEDT I	DELETE	3.1 TITU		•	Cha	inge Addition		
NAME STREET ADDRESS	ANTONETTE, ROBERT J 412 S. CASEY KEY RD.	,	32 NAM	EET ADDRESS					
CITY - S1 - 7IP	NAKOMES FL			Y-ST-ZIP					
TITLE		DELETE	4.1 TITL			☐ Cha	ange Addition		
NAME			4. 2 NAN	AE					
STREET ADDRESS	s .		4.3 STRI	EFT AODRESS					
	ŧ.		A A CITY						
CHY-ST-ZIP		DELETE		r-ST-ZIP		fiha	noe Addition		
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	s	DELETE	5.1 TITU 5.2 NAM	E		☐ Cha	inge Addition		
TITLE NAME	S	DELETE	5.1 TITU 5.2 NAM 5.3 STRI	E IE		☐ Cha	inge Addition		
TITLE NAME STREET ACORES:	S	DELETE	5.1 TITU 5.2 NAM 5.3 STRI	E HE EET ADDRESS '-ST-ZIP		Cha			
TITLE NAME STREET AODRES CITY-S1-ZIP	S		5.1 TITU 5.2 NAM 5.3 STRI 5.4 CITY	eet address 					
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE			5.1 YITU 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITU 6.2 NAM	eet address 					

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turther certify that the information indicated on this annual report or suppliemental 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 of 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, from an attachment with an address.

SIGNATURE: