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

Apr 22 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)V59584 TAMPA CREDIT, INC. Principal Place of Business Mailing Address 2333 CYPRESS ST. PO BOX 340251 **TAMPA FL 33609 TAMPA FL 33694** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/24/1992 2. Principal Place of Business 2s. Mailing Address Applied For 21 26 59-3138479 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζιρ Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACKSON, GARY 6903 NORTH DALE MABRY HWY. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33614** вэ 84 City 85 Zip Code 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 (NOT: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition BENTLEY, MITCH NAME 1.2 NAME 2333 CYPRESS ST. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY - S1-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 21 TITLE Change JACKSON, GARY NAME 2.2 NAME 18921 ST LAURENT STREET ADDRESS 2.3 STREET ADDRESS LUTZ FL CITY-S1-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+S1-ZIP 4.4 CITY-ST-7IP DELETE TITLE 5.1 THLE Change Addition NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE 61 TITLE Change Addition 62 NAME STREET ADDRESS 6 3 STREET ADDRESS

64 CITY-ST-7P

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 suppliemental annual peport 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 plastice 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: SIGNATURE AND

FILED

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