FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT Sandra B. Morti

STATE

Secretary of Sta DIVISION OF CORPOR TIONS

1997

Principal Place of Business

DOCUMENT # V67226

(3)

DIRECT CREDIT RESEARCH CORP.

Mailing Address

FILED Feb 11 1997 8:00am Secretary of State



600 BYPASS DR SUITE 105 CLEARWATER FL 34624		1630 CHATEAU DRIVE CLEARWATER FL 34616-1808						
US					3. Date Incorporated or Qualified 09/24/1992	3a. Date of Last R 05/01/1996	leport	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Ar	oplied For	
21		26			59-3143029	······································	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	**************************************	City & State	····		Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees	
Zip 24	Country Zip Country 25 29 30			/	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No			
	g. Name and Address of C	urrent Registered Agent		·	10. Name and Address of New Reg	Istered Agent		
	HILL, ALLEN JR		81	Name				
1630 CHATEAU DRIVE				Street Add	iress (P.O. Box Number is Not Acceptable	a)		
CLEARWATER FL 34616						-,		
			83					
			84	City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL 85 Zip	Code	
11, Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statut	es, the abov	e-named cor	poration submits this statement for the pu	rpose of changing if	ts registered	
office or r	registered agent, or both, in the ion familiar with, and accept the	State of Floridal Such change was a obligations of, Section 607.0505, Flo	authorized b orida Statute	y the corpora	ation's board of directors. I hereby accept	the appointment as	registered	
_	The second of the second of the			.				
SIGNATURE	Signature, typed or printro name of register	red agent and title I applicable. (NOT)	E Registered Ag	ent signature requ	#red when reinstating)	DATE		
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12	
TITLE	VPS	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	TUTHILL, ALLEN F. J		1.2 NAME					
STREET ADDRESS	1630 CHATEAU DRIVE		1.3 STREE	r address				
CITY-\$1-7iP	CLEARWATER FL		1.4 C/TY -	ST-ZIP				
THLE	PΤ	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	TUTHILL, WREN F.		2.2 NAME					
STREET ADDRESS	1630 CHATEAU DRIVE		2.3 STREE	r address	•			
CHTY-ST-ZIP	CLEARWATER FL.		2 4 CiTY-	ST-ZIP				
TITLE		DELETE	31 TITLE		······································	. L Change	Addition	
NAME			3.2 NAME			_ •		
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			3.4. CITY -					
TITLE		☐ DELETE	4.1 TITLE	·········		Change	Addition	
NAME			4 2 NAME					
STREET ADDRESS			1	T ADDRESS				
CITY-SI-ZIP			4.4 CITY-					
TILE		DELETE	51 TiTLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS				ADDRESS				
CITY - ST - ZIP			5.4 CITY -					
Tite		DELETE	61 TITLE	21 411		☐ Change	Addition	
NAME			62 NAME					
STREET ADDRESS				ADDRESS				
			ı					
CITY-ST-ZiP	but a artiful that the information of	walled with this files does not quality	64 CiTY-		ed in Section 119 07/3Vi). Florida Statutes	I turbor contitution	ab. a	

I do 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 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.