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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039733

1. Corporation Name
SECURITY CREDIT LEASING, INC.

Principal Place of Business	Mailing Address
CENTER POINT BUSINESS PARK 1911 US HIGHWAY 301 NORTH. SUITE 300 TAMPA FL 33619 US	P.O. BOX 671 BRANDON FL 33511 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/23/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-3251574 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOLOMON, STANFORD R
BARNETT PLAZA STE. 1818
101 E. KENNEDY BLVD.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: Ottinger, J. Terry
82 Street Address (P.O. Box Number is Not Acceptable): 1911 US Highway 301 North, Suite 300
83
84 City: Tampa FL 85 Zip Code: 33619

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: J. Terry Ottinger, President/Director 2-25-99
Signature, typed or printed name of registered agent and title 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	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	OTTINGER, J T		1.2 NAME	~~J. Terry~~ Ottinger, J. Terry	
STREET ADDRESS	4521 MOHICAN TRAIL		1.3 STREET ADDRESS	4521 Mohican Trail	
CITY-ST-ZIP	~~VALRICE~~ FL		1.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	☐ DELETE	2.1 TITLE	VST	☑ Change ☐ Addition
NAME	OTTINGER, ANN W		2.2 NAME	Ottinger, Ann W.	
STREET ADDRESS	4251 MOHIEAN TRAIL		2.3 STREET ADDRESS	4521 Mohican Trail	
CITY-ST-ZIP	~~VALRICE~~ FL		2.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: J. Terry Ottinger, Director 2-25-99 (813) 620-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #