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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001540 (4)

1. Corporation Name

CONSOLIDATED CREDIT COUNSELING SERVICES, INC.



Principal Place of Business

Mailing Address

4901 N.W. 17TH WAY
SUITE 504
FT. LAUDERDALE FL 33309
US

4901 N.W. 17TH WAY
SUITE 504
FT. LAUDERDALE FL 33309-3782
US

3. Date Incorporated or Qualified
04/01/1993

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 1981 W OAKLAND PARK BLVD.

2a. Mailing Address

26 SAME

4. FEI Number
65-0401491

Applied For
Not Applicable

Suite, Apt. #, etc.

22 SUITE 200

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 FT. LAUDERDALE, FL

City & State

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33311

Country

25 USA

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DVORKIN, HOWARD S
4901 NW 17TH WAY
SUITE 504
FORT LAUDERDALE FL 33309

81 Name Howard S. Dvorkin

82 Street Address (P.O. Box Number is Not Acceptable)
1981 West Oakland Park Blvd

83
84 City Fort Lauderdale, FL 85 Zip Code 33311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE 1/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for 'DELETE'.

Table with 6 rows for Additions/Changes to Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for 'Change' and 'Addition'.

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [Signature]

DATE 1/29/97

CR2E037 (9/96)