

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001540 (4)**  
1. Corporation Name

**CONSOLIDATED CREDIT COUNSELING SERVICES, INC.**



Principal Place of Business <b>1981 W OAKLAND PARK BLVD STE 200 FT. LAUDERDALE FL 33311 US</b>	Mailing Address <b>1981 W. OAKLAND PARK BLVD. STE 200 FT. LAUDERDALE FL 33311 US</b>
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3. Date Incorporated or Qualified <b>04/01/1993</b>	
4. FEI Number <b>65-0401491</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**DVORKIN, HOWARD S  
1981 W. OAKLAND PARK BLVD.  
SUITE 504  
FORT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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 *Howard S. Dvorkin* (NOTE: Registered Agent signature required when reinstating) DATE **1/24/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DVORKIN, HOWARD S</b>		1.2 NAME	
STREET ADDRESS <b>4901 N.W. 17TH WAY, SUITE 504</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33309</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MYRICK, MARY</b>		2.2 NAME	
STREET ADDRESS <b>438 AVONDALE DRIVE, UNIT 107</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KALIN, WILLIAM</b>		3.2 NAME	
STREET ADDRESS <b>3052-D TREVOR HOUSE DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>OAKTON VA</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUCKABY, DARRYL</b>		4.2 NAME	
STREET ADDRESS <b>1140 CONNECTICUT AVE., APT 419</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>WASHINGTON DC</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Andrew S. Weisman</b>		5.2 NAME	
STREET ADDRESS <b>7650 NW 47th Dr.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>Coral Springs FL 33067</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Howard ROSE</b>		6.2 NAME	
STREET ADDRESS <b>PO BOX 16224 N/A</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>Plantation FL 33318</b>		6.4 CITY-ST-ZIP	

**APPROVED**  
JAN 24 1998  
BY: *ADD*

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

SIGNATURE: *Howard S. Dvorkin* DATE: **1/24/98** **954-984-3328**

CR2E037 (10/97)