**FILED** 

02-27-1999 90070 040 \*\*\*\*61.25

**NONPROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9300001540

CONSOLIDATED CREDIT COUNSELING SERVICES, INC.

							i	
Principal Place of Business Mailing Address					1			
1981 W OAKLAND PARK BLVD STE 200 FT. LAUDERDALE FL 33311 US		1981 W. OAKLAND PARK BLVD. STE 200 FT. LAUDERDALE FL 33311 US						
Principal Place of Business Za. Mailing Address Z6					3. Date Incorporated or Qui 04/01/1993	alifed		:
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	lied For
22		27			65-0401491			Applicable
City & State City & State				5. Certificate of Status Desired		red 🔲	\$8.75 A Fee Red	
23		28	0			<del></del>		·
Zip	Country	Zip	Country		6. Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 i Added to	
24	9. Name and Address of Current	29 Registered Agent	30		10. Name and Address of I	New Registered		71 003
	V. Hame and Address of Current	Itagiatered Agent	81	Name		<u> </u>		
DVORKIN, HOWARD S				Stroot Addro	ss (P.O. Box Number is Not A	ccentable)		
1981 W. OAKLAND PARK BLVD.			02	Oliger Worle	SS (F.O. BOX HUITIDEI IS HOUSE	ocepiable)		
SUITE 50+ 200				5.4	1 7 m a			
FORT LAUDERDALE FL 33311			84 (	プレバー City	200		85 Zip C	ode
						FL		
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with and accord the obligation	and 617.1508, Florida Statut Florida, Such change was a	es, the above-nuthorized by the	named corpor e corporation	ration submits this statement for his board of directors. I hereby	or the purpose of accept the appoi	changing its i ntment as reg	registered jistered
agent. I a	m familiar with, and accord the obligation	ons of, Section 617.0503, Flo	rida Statutes.	·		.1	11/00	1
SIGNATURE	MUN		Registered Agent si			DATE	11/20	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	gitable requires	ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				Change	Addition
NAME	DVORKIN, HOWARD S		1.2 NAME					
STREET ADDRESS	AND ALLY APPRICACE OF THE FOR		1.3 STREET ADDRESS			•		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP				·-·	
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition
NAME	MYRICK, MARY		2.2 NAME					
STREET ADDRESS	438 AVONDALE DRIVE, UNIT 107	7	2.3 STREET AC	DORESS	•			
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-2	ZIP		-	F7.01	
TITLE	D	☐ DELETE	3.1 TITLE				Change	Addition
NAME	KALIN, WILLIAM		3.2 NAME					•
STREET ADDRESS	3052-D TREVOR HOUSE DRIVE		3.3 STREET AL		•			
CITY-ST-ZIP	OAKTON VA	☐ DELETE	3.4. CITY-ST-2	ZIP			Change	Addition
TITLE	D ANDROW	□ nerete	4.1 TITLE				Grazingo	
NAME	WIEMAN, ANDREW S.		4, 2 NAME	200500				
STREET ADORESS	7650 NW 47TH DRIVE		4.3 STREET AL	1	•			
CITY-ST-ZIP	CORAL SPRINGS FL 33067	☐ DELETE	4.4 CITY-ST-Z 5.1 TITLE		<u> </u>		☐ Change	Addition
TITLE	D	[ J DELETE	V.1 111CE	i				
NAME	ROSE, HOWARD		5.2 NAME	i		24		

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 supplied 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**PLANTATION FL 33318** 

DELETE

\_\_ Addition

Change