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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001940 (2)

1. Corporation Name

ALPHA CREDIT COUNSELORS, INC.

Principal Place of Business

Mailing Address

1876 N UNIVERSITY DR
SUITE 302
PLANTATION FL 33322

1876 N UNIVERSITY DR
SUITE 302
PLANTATION FL 33322

2. Principal Place of Business

2a. Mailing Address

21 1876 N. University Dr.

2a Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 101-T

27

City & State

City & State

23 Plantation, FL

28

Zip

Country

Zip

Country

24 33322

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

65-0746115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

GERMAN, MARIO D
2101 W COMMERCIAL BLVD
SUITE 3300
FT LAUDERDALE FL 33309

81 Name

MERY SUAREZ

82 Street Address (P.O. Box Number is Not Acceptable)

1876 N. University Dr. #101T

83

84 City

Plantation

FL

85 Zip Code

33322

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SUAREZ, MERY S
1033 NW 81 TER
PLANTATION FL 33322

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GERMAN, MARIO D
2101 W COMMERCIAL BLVD SUITE 3300
FT LAUDERDALE FL 33309

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
MOLINA, ECIO E
1033 NW 81 TER
PLANTATION FL 33322

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

04/14/98 (954) 452-3614

CR2E037 (10/97)