

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000008038 (1)**

1. Corporation Name

**ADVISORY CREDIT SERVICES, INC.**



Principal Place of Business

Mailing Address

4901 NW 17TH WAY  
STE 504  
FT LAUDERDALE FL 33309  
US

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STE 504  
FT LAUDERDALE FL 33309  
US

3. Date Incorporated or Qualified  
**12/01/1992**

3a. Date of Last Report  
**02/27/1995**

21. Principal Place of Business

26. Mailing Address

4. FEI Number  
**65-0372719**

Applied For  
Not Applicable

22. Subj. Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State

28. City & State

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

24. Zip

25. Country

29. Zip

30. Country

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  
5800 NW 63RD PLACE  
PARKLAND FL 33067**

81. Name

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

83.

84. City

**FL**

85. Zip Code

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

*H. Dvorak, Pres.*

(NOTE: Registered Agent signature required when reinstating)

**2/3/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P**  DELETE  
NAME: **DVORKIN, HOWARD S**  
STREET ADDRESS: **5800 NW 63 PL**  
CITY - ST - ZIP: **PARKLAND FL**

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

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

*H. Dvorak, Pres.*

**2/3/96**

**954-938-9908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)