

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001540 (4)**
1. Corporation Name
CONSOLIDATED CREDIT COUNSELING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4901 N.W. 17TH WAY SUITE 504 FT. LAUDERDALE FL 33309 US

3. Date Incorporated or Qualified **04/01/1993** 3a. Date of Last Report **04/20/1994**
4. FEI Number **65-0401491** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**DVORKIN, HOWARD S
5800 NW 83 PL
PARKLAND FL 33087**

10. Name and Address of New Registered Agent
81 Name **Howard S. Dvorkin**
82 Street Address (P.O. Box Number is Not Acceptable) **4901 NW 17th Way**
83 **Suite 504**
84 City **Fort Lauderdale** FL 85 Zip Code **33309**

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 *[Signature]* **Pres.** DATE **4/21/95**

12. OFFICERS AND DIRECTORS
TITLE VP
NAME **KLEIN, JEFFREY L**
STREET ADDRESS **4901 N.W. 17TH WAY, SUITE 504**
CITY - ST - ZIP **FT. LAUDERDALE FL**
TITLE P
NAME **DVORKIN, HOWARD S**
STREET ADDRESS **4901 N.W. 17TH WAY, SUITE 504**
CITY - ST - ZIP **FT. LAUDERDALE FL 33309**
TITLE D
NAME **Joseph Cvelbar**
STREET ADDRESS **225 Monroe Drive**
CITY - ST - ZIP **West Palm Beach, FL 33405**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME **D Joseph Cvelbar**
3.3 STREET ADDRESS **225 Monroe Drive**
3.4 CITY - ST - ZIP **West Palm Beach, FL 33405**
4.1 TITLE Change Addition
4.2 NAME **D Mary Myrick**
4.3 STREET ADDRESS **438 Avondale Drive, Unit 107**
4.4 CITY - ST - ZIP **Pompano Beach FL 33060**
5.1 TITLE Change Addition
5.2 NAME **D William Kalin**
5.3 STREET ADDRESS **11900 Parklawn Place, ste T-1**
5.4 CITY - ST - ZIP **Rockville, MD 20852**
6.1 TITLE Change Addition
6.2 NAME **Darryl Huckaby**
6.3 STREET ADDRESS **1140 Connecticut Ave, Apt 419**
6.4 CITY - ST - ZIP **Washington D.C.**

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)(b), 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]* **Pres.** DATE **4/21/95** **305-351-2210**