

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

PROFESSIONAL
ANNUAL REPORT

1995



DEPARTMENT OF STATE
OFFICE OF PROFESSIONAL REGULATION
TALLAHASSEE, FLORIDA 32301-0001

APPROVED
AND
FILED

01/15/1995

STATE OF FLORIDA

DOCUMENT # 467551 (8)

PROFESSIONAL CREDIT SERVICE, INC. OF BREVARD COUNTY

350 STATE RD 427 SOUTH
LONGWOOD FL 32750
US

P O BOX 520786
LONGWOOD FL 32752
US

3. Date of Report (Required)	3a. Date of Last Report
01/15/1975	03/21/1994
4. Filing Number	Applied For
59-1621259	Not Applicable
5. Certificate of Status (Required)	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Any contribution was made by the corporation for any political campaign under Florida Statutes	Yes No

2. Principal Officer (Required)	2a. Mailing Address
21. State Agent	26. State Agent
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORREST, HARRY W 350 STATE RD 427 SOUTH LONGWOOD FL 32750	81. Name 82. Street Address (P.O. Box Number is Not Applicable) 83. City 84. State 85. Zip Code

11. Pursuant to the provisions of Sections 469.01 and 469.02, 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, a majority of whom accepted the appointment as registered agent. I am familiar with and understand the provisions of Sections 469.01 and 469.02, Florida Statutes.

Signature of Registered Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
1. NAME PTD FORREST, HARRY W 350 STATE RD 427 SOUTH LONGWOOD FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 469.02(4)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the firm or individual empowered to execute this report as required by Chapter 469, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any attachments to this report.

SIGNATURE: *Harry W. Forrest* HARRY W. Forrest 4-28-95
407-339-7376