

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 526998 (0)
1. Corporation Name
PROFESSIONAL CREDIT CONTROL, INC.



Principal Place of Business
4021 N ANDREWS AVE.
FT. LAUDERDALE FL 33309
US

Mailing Address
4021 N ANDREWS AVE.
P O BOX 70458
FT. LAUDERDALE FL 33307-0458

3. Date Incorporated or Qualified 03/04/1977	3a. Date of Last Report 06/20/1996
4. FEI Number 59-1722227	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
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
25. Country	30. Country

9. Name and Address of Current Registered Agent

LAMB, GERALDINE R.
4021 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81. Name Thomas M Smith
82. Street Address (P.O. Box Number is Not Acceptable) 4021 N Andrews Ave
83.
84. City Ft. Laud
85. Zip Code FL 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: Thomas M Smith Vice Pres. DATE: 1-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME LAMB, GERALDINE R.		1.2 NAME	
STREET ADDRESS 4021 N ANDREWS AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME SMITH, THOMAS		2.2 NAME	
STREET ADDRESS 4021 N ANDREWS AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas M Smith Vice Pres. DATE: 1-3-97

CR2E034 (9/96)