

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710286** (6)
1. Corporation Name
ASSOCIATED CREDIT BUREAUS OF FLORIDA, INC.



Principal Place of Business 1847 S.W. FIRST AVE. P.O. BOX 2017 OCALA FL 34474	Mailing Address 1847 S.W. FIRST AVE. P.O. BOX 2017 OCALA FL 34474-5187
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3. Date Incorporated or Qualified 02/01/1966	3a. Date of Last Report 05/22/1996
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2. Principal Place of Business 21 1627 E Silver Springs Bv Suite, Apt. #, etc. 22 E City & State 23 Deerfield FL Zip 24 34470	2a. Mailing Address 26 P.O. Box 2017 Suite, Apt. #, etc. 27 City & State 28 Deerfield FL Zip 29 34478	Country 25 Mannion Country 30 Mannion
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4. FEI Number 59-6142091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, NANCY
1847 S.W. FIRST AVE.
OCALA FL 32871**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	JONES, NANCY	
STREET ADDRESS	1847 SW 1ST AVENUE	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRONE, ROBERT	
STREET ADDRESS	134 S TAMPA ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRACKETT, ROBERT	
STREET ADDRESS	2086 14 AVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BENNETT, RAY	
STREET ADDRESS	480 MAGNOLIA AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1627 E Silver Springs Bv Ste
1.4 CITY-ST-ZIP	Deerfield FL 34470
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD
4.3 STREET ADDRESS	50 ANN Von Der Osten
4.4 CITY-ST-ZIP	711 Elgin PKwy NE Fort Walton Beach FL 32549-2500
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Nancy Jones **FORWARDED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **352 732 2170**
Daytime Phone # **0068784**

CR2E037 (9/96)