SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:25

DOCUMENT # 722650 (9)

1. Corporation Name

CONSUMER CREDIT COUNSELING SERVICE OF SOUTH FLOR IDA, INC.

Principal Place of Business	Mailing Address
11645 BISCAYNE BLVD. STE. 205 N. MIAMI FL 33181 US	11645 BISCAYNE BLVD. STE. 205 N. MIAMI FL 33181 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1972
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-1419799 ☐ 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 ☐ **FILING FEE IS $61.25**
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROTH, STEVEN M ESQ
2020 NE 163RD ST., STE 300
N MIAMI BCH. FL 33162

New Address
16459 N.E. 6th Ave.
No. Miami Bch, FL
33162

10. Name and Address of New Registered Agent

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: Roth 6/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	VCD ☐ Change ☒ Addition
NAME	HALL, FRANK J	12 NAME	Nicholas G. Sileo, Ph.D.
STREET ADDRESS	11645 BISCAYNE BLVD., STE. 205	13 STREET ADDRESS	11645 Biscayne Blvd. Ste. 205
CITY-ST-ZIP	N. MIAMI FL	14 CITY-ST-ZIP	N. Miami, FL 33181
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	RICHMAN, PAUL	22 NAME	
STREET ADDRESS	11645 BISCAYNE BLVD., STE. 205	23 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	24 CITY-ST-ZIP	
TITLE	VCD	31 TITLE	☐ Change ☐ Addition
NAME	TATMAN, MARILN	32 NAME	
STREET ADDRESS	11645 BISCAYNE BLVD., #205	33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP	
TITLE	VCD	41 TITLE	VCD ☒ Change ☐ Addition
NAME	MCDERMOTT, DEAN	42 NAME	John Glade
STREET ADDRESS	11645 BISCAYNE BLVD., STE. 205	43 STREET ADDRESS	11645 Biscayne Blvd., Ste. 205
CITY-ST-ZIP	NORTH MIAMI FL	44 CITY-ST-ZIP	North Miami, FL 33181
TITLE	PT	51 TITLE	☐ Change ☐ Addition
NAME	GARNER, PHILLIP L	52 NAME	
STREET ADDRESS	11645 BISCAYNE BLVD., #205	53 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	SD ☒ Change ☐ Addition
NAME	LAYNE, RICHARD	62 NAME	Carolyn Donaldson
STREET ADDRESS	11645 BISCAYNE BLVD., STE. 205	63 STREET ADDRESS	11645 Biscayne Blvd., Ste. 205
CITY-ST-ZIP	NORTH MIAMI FL	64 CITY-ST-ZIP	North Miami, FL 33181

CR2E037 (3/95)

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

SIGNATURE: Phillip L. Garner 6/29/95 305-892-4260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000409