

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

02/10/1972

3a. Date of Last Report

07/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, STEVEN M ESQ
16459 NE 6TH AVE
N MIAMI BCH. FL 33162

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/6/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME HALL, FRANK J
STREET ADDRESS 11645 BISCAYNE BLVD., STE. 205
CITY-ST-ZIP N. MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME RICHMAN, PAUL
STREET ADDRESS 11645 BISCAYNE BLVD., STE. 205
CITY-ST-ZIP N. MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VCD ☐ DELETE
NAME TATMAN, MARILN
STREET ADDRESS 11645 BISCAYNE BLVD., #205
CITY-ST-ZIP N. MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VCD ☐ DELETE
NAME GLADE, JOHN
STREET ADDRESS 11645 BISCAYNE BLVD STE 205
CITY-ST-ZIP NORTH MIAMI FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PT ☐ DELETE
NAME GARNER, PHILLIP L
STREET ADDRESS 11645 BISCAYNE BLVD., #205
CITY-ST-ZIP N. MIAMI FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME DONALDSON, CAROLYN
STREET ADDRESS 11645 BISCAYNE BLVD STE 205
CITY-ST-ZIP NORTH MIAMI FL

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

305-892-4260

Daytime Phone #

CR2E037 (12/95)