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FILED

Mar 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
US11645 BISCAYNE BLVD.  
STE. 205  
N. MIAMI FL 33181-3138  
US3. Date Incorporated or Qualified  
02/10/19723a. Date of Last Report  
05/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1419799

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, FRANK J	
STREET ADDRESS	11645 BISCAYNE BLVD., STE. 205	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICHMAN, PAUL	
STREET ADDRESS	11645 BISCAYNE BLVD., STE. 205	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	TATMAN, MARILYN	
STREET ADDRESS	11645 BISCAYNE BLVD., #205	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GLADE, JOHN	
STREET ADDRESS	11645 BISCAYNE BLVD STE 205	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	GARNER, PHILLIP L	
STREET ADDRESS	11645 BISCAYNE BLVD., #205	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DONALDSON, CAROLYN	
STREET ADDRESS	11645 BISCAYNE BLVD STE 205	
CITY-ST-ZIP	NORTH MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tatman, Marilyn
3.3 STREET ADDRESS	11645 Biscayne Blvd. #205
3.4 CITY-ST-ZIP	N. Miami, FL 33181
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steinbeck, Randy
6.3 STREET ADDRESS	11645 Biscayne Blvd. #205
6.4 CITY-ST-ZIP	N. Miami, FL 33181

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

305-892-4260

Daytime Phone # 0033502

CR2E037 (9/96)