

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 10 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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. 11645 BISCAYNE BLVD.  
STE. 205 STE. 205  
N. MIAMI FL 33181 N. MIAMI FL 33181  
US US

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  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified

02/10/1972

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, STEVEN M ESO  
16459 NE 8TH 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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICHMAN, PAUL	
STREET ADDRESS	11645 BISCAYNE BLVD., STE. 205	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	TATMAN, MARILN	
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	VCD	<input type="checkbox"/> DELETE
NAME	STEINBECK, RANDY	
STREET ADDRESS	11645 BISCAYNE BLVD STE 205	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	STEINBECK, RANDY
5.4 CITY-ST-ZIP	11645 BISCAYNE BLVD. STE 205 NORTH MIAMI, FL
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 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]*

1/28/98 800-950-3141

CR2E037 (10/97)