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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722650

1. Corporation Name

CONSUMER CREDIT COUNSELING SERVICE OF SOUTH FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

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

9. Name and Address of Current Registered Agent

ROTH, STEVEN M ESQ
 16459 NE 6TH AVE
 N 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

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

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

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

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

TITLE **SD** ☒ DELETE
 NAME **STEINBECK, RANDY**
 STREET ADDRESS **11645 BISCAYNE BLVD, STE. 205**
 CITY-ST-ZIP **NORTH MIAMI FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☐ Change ☒ Addition
 1.2 NAME **PAULA HUMMEL**
 1.3 STREET ADDRESS **11645 BISCAYNE BLVD., STE. #205**
 1.4 CITY-ST-ZIP **N. MIAMI, FL. 33181**

2.1 TITLE **CD** ☐ Change ☒ Addition
 2.2 NAME **JOHN GLADE**
 2.3 STREET ADDRESS **11645 BISCAYNE BLVD, STE. #205**
 2.4 CITY-ST-ZIP **N. MIAMI, FL. 33181**

3.1 TITLE **VCD** ☐ Change ☒ Addition
 3.2 NAME **CONCHITA RUIZ-TOPINKA**
 3.3 STREET ADDRESS **11645 BISCAYNE BLVD, STE. #205**
 3.4 CITY-ST-ZIP **N. MIAMI, FL. 33181**

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

5.1 TITLE **SD** ☐ Change ☒ Addition
 5.2 NAME **FRANK HALL, JR.**
 5.3 STREET ADDRESS **11645 BISCAYNE BLVD., STE. #205**
 5.4 CITY-ST-ZIP **N. MIAMI, FL. 33181**

6.1 TITLE **VPT** ☐ Change ☒ Addition
 6.2 NAME **JAMES M. WARRINGTON, SR.**
 6.3 STREET ADDRESS **11645 BISCAYNE BLVD., STE #205**
 6.4 CITY-ST-ZIP **N. MIAMI, FL. 33181**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip L. Garner 3/31/99 (305) 892-4260

CR2E037 (11/98)