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Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H09709

(7)

1. Corporation Name

CREDIT UNION SERVICES, INC.

Principal Place of Business  
11207 N. NEBRASKA AVE.  
TAMPA FL 33602

Mailing Address  
11207 N. NEBRASKA AVE.  
TAMPA FL 33612-5730



3. Date Incorporated or Qualified 06/26/1984	3a. Date of Last Report 04/23/1996
4. FEI Number 59-2437850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	30

9. Name and Address of Current Registered Agent

CRAWFORD, BRIAN  
711 S DALE MABRY  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KLOSS, ROBERT S.	
STREET ADDRESS	16405 WEST COURSE DRIVE	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CRAWFORD, BRIAN	
STREET ADDRESS	15707 PONY PLACE	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES, FRANCIS	
STREET ADDRESS	1812 ALCORN RD.	
CITY - ST - ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAUCHAMP, CHARLIE	
STREET ADDRESS	9826 MCINTOSH ROAD	
CITY - ST - ZIP	DOVER FL 33527	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THORNHILL, HARRISON L.	
STREET ADDRESS	3200 LUCERNE PARK ROAD	
CITY - ST - ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASS, ROSE MARIE	
STREET ADDRESS	15904 TREVOSE LANE	
CITY - ST - ZIP	ODESSA FL 33556	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIMMY DUBOSE	
1.3 STREET ADDRESS	2307 ANDRE DRIVE	
1.4 CITY - ST - ZIP	LUTZ, FL. 33549	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian K. Crawford* *Brian K. Crawford* 1/13/97 (813) 871-2690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)