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FILED

Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90062 041 \*\*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H09709

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 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1984

4. FEI Number: 59-2437850

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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DUBOSE, JIMMY	
STREET ADDRESS	2307 ANDRE DRIVE	
CITY-ST-ZIP	LUTZ FL	
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	<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 checked="" 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 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; with all other like empowered.

SIGNATURE: *Brian Crawford* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BRIAN CRAWFORD, PRESIDENT. Date: 1/12/99 Daytime Phone #: (813) 871-2690

CR2E034 (11/98)