

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90017 039 ***150.00

0038195

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H72113
 1. Corporation Name
CREDITOR ASSURANCE RESOURCES, INC.

Principal Place of Business 6028 CHESTER AVENUE, SUITE 107 JACKSONVILLE FL 32217	Mailing Address 6028 CHESTER AVENUE, SUITE 107 JACKSONVILLE FL 32217
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>P.O. BOX 840163</i>	2a. Mailing Address 26 <i>P.O. BOX 840163</i>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <i>ST AUGUSTINE FL</i>	28 City & State <i>ST AUGUSTINE FL</i>
24 Zip <i>32084</i>	25 Country <i>USA</i>
29 Zip <i>32084</i>	30 Country <i>USA</i>

3. Date Incorporated or Qualified 08/07/1985	
4. FEI Number 59-2556228	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STRANDHAGEN, WILLIAM M.
 6028 CHESTER AVENUE
 SUITE 107
 JACKSONVILLE FL 32217

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 FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	STRANDHAGEN, WILLIAM M.
STREET ADDRESS	12848 HELM DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STRANDHAGEN, KAREN L.
STREET ADDRESS	12848 HELM DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COLEMAN, WILLIAM H
STREET ADDRESS	3454 FITCH ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>164 INLET DRIVE</i>
1.4 CITY-ST-ZIP	<i>ST AUGUSTINE, FL 32084</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>164 INLET DRIVE</i>
2.4 CITY-ST-ZIP	<i>ST AUGUSTINE, FL 32084</i>
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 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: *[Signature]* **4/22/99** (904) 829-5023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E024-1109A