

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 29 AM 8:18

DOCUMENT # L23868 (7)
1. Corporation Name
CONSUMER CREDIT SERVICES, INC.

Principal Place of Business: **1250 E HALLANDALE BEACH BLVD. SUITE 505 HALLANDALE FL 33009**
Mailing Address: **P. O. BOX 310 HALLANDALE FL 33008 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/19/1989		3a. Date of Last Report 03/18/1994	
4. FEI Number 65-0152105		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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. 198.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business 21 1301 NE 183 St. 22 Suite, Apt. #, etc. #1226W 23 City & State N. Miami Bch, FLA	2a. Mailing Address 26 1301 NE 183 St. 27 Suite, Apt. #, etc. #1226W 28 City & State N. Miami Bch, FLA	24 Zip 33179 25 Country USA	29 Zip 33179 30 Country US

9. Name and Address of Current Registered Agent BIERMAN, BARRY 1250 E. HALLANDALE BCH. BLVD. SUITE 505 HALLANDALE FL 33009		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 1301 NE 183 St #1226W 84 City N. Miami Bch FL 85 Zip Code 33179	
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11. Pursuant to the provisions of Section 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: Barry Bierman, President (Barry Bierman) DATE: 6/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTS	NAME BIERMAN, BARRY	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2450 NE MIAMI GARDENS DR	CITY - ST - ZIP N. MIAMI BEACH FL	1.2 NAME	1.3 STREET ADDRESS 1301 NE 183 St #1226W
TITLE V	NAME BIERMAN, SYLVIA	1.4 CITY - ST - ZIP NMB, FL 33179	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1250 E. HALLANDALE BCH. BLVD., SUITE 505	CITY - ST - ZIP HALLANDALE FL	2.2 NAME	2.2 STREET ADDRESS 1301 NE 183 St #1226W
TITLE	NAME	2.3 CITY - ST - ZIP NMB, FL, 33179	2.4 CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	3.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	4.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	5.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	6.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	
TITLE	NAME	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 by an attachment with an address.
SIGNATURE: Barry Bierman (Barry Bierman) DATE: 6/1/95 305947-9882

CR2E034 (3/95)