

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT #

1. Corporation Name

NATIONAL ASSOCIATION OF CREDIT CONSULTANTS/LEWIS  
& WALTERS, INC.

Principal Place of Business

Mailing Address

800 W. OAKLAND PARK BLVD.  
#212  
OAKLAND PARK, FL 33311

3. Date Incorporated or Qualified

02/05/1990

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0190715

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

8. This corporation has liability for intangible tax under S. 190.04,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS R. DINOVIS  
800 W. OAKLAND PARK BLVD. #212  
OAKLAND PARK, FL 33311

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 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 the corporation (if the registered agent is a corporation, the signature must be typed or printed name of the president or officer authorized to execute this statement)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DP  
DINOVIS, THOMAS R.  
STREET ADDRESS 800 W. OAKLAND PARK BLVD. #212  
CITY-STATE-ZIP OAKLAND PARK, FL 33311

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition  
2. NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition  
3. NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition  
4. NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition  
5. NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition  
6. NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

900001891759  
-07/12/96--01012--031  
\*\*\*225.00

06-28-96 305 566-0801

CR2E034 (12/95)