

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40623** (3)
1. Corporation Name
CREDIT COUNSELING CONSUMER ASSISTANCE CORP.



Principal Place of Business	Mailing Address
121 S. 61ST TERRACE SUITE C HOLLYWOOD FL 33023	121 S. 61ST TERRACE SUITE C HOLLYWOOD FL 33023

3. Date Incorporated or Qualified 10/31/1990	
4. FEI Number 65-0241133	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 4808 SW 28th TR.	26 4808 SW 28th TR.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 FL.	27 FL.		
City & State		City & State	
23 FT. LAUDERDALE, FL	28 FT. LAUDERDALE, FL		
Zip	Country	Zip	Country
24 33312	25 USA	29 33312	30 USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORDES, SUSAN 4836 S.W. 26TH TERRACE FORT LAUDERDALE FL 33312		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	FISTELL, CINDY				
STREET ADDRESS	10300 NW 103RD LANE				
CITY-ST-ZIP	MIAMI FL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	ROSEMAN, MARK A				
STREET ADDRESS	793 N. SOUTHLAKE DR.				
CITY-ST-ZIP	HOLLYWOOD FL 33020				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	MORDES, SUSAN				
STREET ADDRESS	4836 S.W. 26 TERRACE				
CITY-ST-ZIP	FORT LAUDERDALE FL 33312				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MILLER, RUTH				
STREET ADDRESS	1332 S.W. 30TH STREET				
CITY-ST-ZIP	FORT LAUDERDALE FL 33315				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ASTL, JOHN				
STREET ADDRESS	121 E. GOLF DRIVE				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KENDA, ANN				
STREET ADDRESS	5552 S.W. 28TH TERRACE				
CITY-ST-ZIP	FT. LAUDERDALE FL 33312				
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	STARK, RONNIE				
2.3 STREET ADDRESS	4709 SW 28 th AVE.				
2.4 CITY-ST-ZIP	FT. LAUD, FL 33312				
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Morde* **Susan Morde** **ST** **4-10-98** **954-989-3811**

CR2E037 (10/97)