

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90040 016 ****70.00

0062332

DOCUMENT # N40623

1. Corporation Name

CREDIT COUNSELING CONSUMER ASSISTANCE CORP.

Principal Place of Business

4808 SW 28TH TR
FT LAUDERDALE FL 33312
US

Mailing Address

4808 SW 28TH TR
FT LAUDERDALE FL 33312
US



2. Principal Place of Business

21 4816 SW 28TH TR

Suite, Apt. #, etc.

22

City & State

23 FORT LAUDERDALE

Zip

24 33312

Country

25 US

2a. Mailing Address

26 4816 SW 28TH TR

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE

Zip

29 33312

Country

30 US

3. Date Incorporated or Qualified

10/31/1990

4. FEI Number

65-0241133

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

MORDES, SUSAN
4836 S.W. 26TH TERRACE
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FISTELL, CINDY
STREET ADDRESS 10300 NW 103RD LANE
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME STARK, RONNIE
STREET ADDRESS 4709 SW 28TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ST ☐ DELETE

NAME MORDES, SUSAN
STREET ADDRESS 4836 S.W. 26 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE D ☒ DELETE

NAME MILLER, RUTH
STREET ADDRESS 1332 S.W. 30TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE D ☐ DELETE

NAME ASTL, JOHN
STREET ADDRESS 121 E. GOLF DRIVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☒ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

954 989-3811

Date

Daytime Phone #

CR2E037 (11/98)