FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N42691

(8)

CREDIT COUNSELORS OF NORTH AMERICA INC.

| Chedit Counselons of North Amenica inc. | | | | | | | |
|---|---------------------------------|---------------------------|--|---------|-------------------------|----------------|---|
| Principal Place of Business | | | Mailing Address | | | | ı tamistası ası minin sama asınd salası sıkı diğir Asası dibir didir didir dibit sabı |
| 1061 W. OAKLAND PARK SUITE 101 FORT LAUDERDALE FL 33311 | | | 1061 W. OAKLAND PARK BOULEVARD SUITE 101 FT. LAUDERDALE FL 33311 | | | | 3. Date incorporated or Qualified 03/26/1991 |
| US | | | US | | | | 4. FEI Number Applied For |
| 2. Principal Place of Business | | | 2e. Mailing Address | | | | 65-0258070 Not Applicable |
| 21 | | | 26 | | | | 5. Certificate of Status Desired |
| Sulte, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | Election Campaign Financing \$5.00 May Be |
| 22 | | | 27 | | | | Trust Fund Contribution Added to Fees |
| City & State | | | City & State | | | | 7. Is this nonprofit corporation a homeowners association? |
| Zip Country | | | Zip Country | | | | 8. This corporation owes or has paid the current year intangible |
| 24 | 26 | · – | 29 | 30 | _ ` | | Personal Property Tax due June 30. Yes No |
| | 9. Name and Addre | ess of Current Re | glatered Ager | | | | 10. Name and Address of New Registered Agent |
| | | | | | 81 | Name | |
| STEWART, MAURICE H. 1061 W. OAKLAND PARK BLVD. | | | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) |
| SUITE 101 | | | | | 83 | | |
| FT. LAUDERDALE FL 33311 | | | | | 84 | City | 85 Zip Code |
| | | | | | | • | FL ` ` |
| 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. | | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | |
| SIGNATURE . | Signature, typed or printed nam | e of registered agent and | 1 title if applicable | (NOTE R | tegistered Age | nt signature n | equired when rehelating) DATE |
| 12. | | FFICERS AND DI | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | | | DELETE | 1.1 TITLE | T | ☐ Change ☐ Addition |
| NAME | STEWART, MAURI | ICE H. | | | 1.2 NAME | - [| |
| STREET ADDRESS | 1061 W. OAKLAN | | | | 1.3 STREET | ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE | FL | | DEL CTE | 1.4 CITY-S | r-ZIP | |
| TITLE | D Stewart, Jennii | ECO | | DELETE | 2.1 TITLE 2.2 NAME | - 1 | Change Addition |
| STREET ADDRESS | 101 N.W. 115TH | | | | 2.2 NAME 2.3 STREET | ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 44E. | | | 2.4 CITY-S | | |
| TILE | D | | | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STEWART, DOTTE | REL V. | | | 3.2 NAME | | |
| STREET ADDRESS | 101 N.W. 115TH A | AVE. | | | 3.3 STREET | address | |
| CITY-ST-ZIP | PLANTATION FL | | | | 3.4. CITY-S | T-ZIP | |
| TITLE | | | | DELETE | 4.1 TITLE | j | ☐ Change ☐ Addition |
| NAME CONCET ADDRESS | | | | | 4. 2 NAME 4.3 STREET | ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | | | 4.4 City - ST | | |
| TITLE | | | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | | | 5.2 NAME |] | |
| STREET ADDRESS | - | | | | 5.3 STREET | ADDRESS | ì |
| CITY-ST-ZIP | | | | | 5.4 CITY-ST | ZIP | |
| TITLE | | | | DELETE | 6.1 TITLE | - | ☐ Change ☐ Addition |
| NAME | | | | | 6.2 NAME | | |
| STREET ADDRESS | 4 | | | | 6.3 STREET | 1 | ł |
| CITY-ST-ZIP | | | | | 6.4 CITY - ST | r- <u>21P</u> | |

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:

3/23/98 (954)563-265

FILED

Mar 30 1998 8:00am

Secretary of State