


FILE NOW: FILING FEE IS \$61.25

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98 JUN -5 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46846 (4) 1. Corporation Name CONSUMER CREDIT MANAGEMENT SERVICES INC.					
Principal Place of Business 75 SE 4TH AVE. DELRAY BEACH FL 33483			Mailing Address 75 SE 4TH AVE. DELRAY BEACH FL 33483		
2. Principal Place of Business 21 315 N.E. 2nd AVENUE 22 Suite, Apt. #, etc.		2a. Mailing Address 26 315 N.E. 2nd AVENUE 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/15/1992	
City & State 23 DELRAY BEACH, FL 24 33444		City & State 28 DELRAY BEACH, FL 29 33444		4. FEI Number 65-0308438 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Country 25 U.S.		Country 30 U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent GORMLEY, JOHN C III 75 SE 4TH AVE. DELRAY BEACH FL 33483		10. Name and Address of New Registered Agent 81 Name GORMLEY, JOHN C. III 82 Street Address (P.O. Box Number is Not Acceptable) 315 N.E. 2nd AVENUE 83 84 City DELRAY BEACH, FL 85 Zip Code 33444		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
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 <i>John C. Gormley III</i> JUNE 1, 1998 <small>Signature, typed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDT	<input type="checkbox"/> DELETE	1.1 TITLE	CDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMLEY, JOHN C III		1.2 NAME	GORMLEY, JOHN C III	
STREET ADDRESS	112 N. SWINTON AVE.		1.3 STREET ADDRESS	621 ENFIELD ROAD	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMLEY, KIM		2.2 NAME		
STREET ADDRESS	3350 WINDER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWAN, STEVE		3.2 NAME		
STREET ADDRESS	6850 N.W. 72ND CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *John C. Gormley III* JOHN C. GORMLEY III 6/1/98 561-278-4097

CR2E037 (10/97)