

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000653 (6)

1. Corporation Name

CONSUMER CREDIT ASSISTANCE, INC.



Principal Place of Business

1850 LEE ROAD
SUITE 304
WINTER PARK FL 32789

Mailing Address

1850 LEE ROAD
SUITE 304
WINTER PARK FL 32789

3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOFFMAN, STEVEN
936 BISHOP COURT
SUITE 1338
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

STEVEN HOFFMAN

82 Street Address (P.O. Box Number is Not Acceptable)

651 MAIN STREET

83

84 City

ALABAMA SPRINGS FL

85 Zip Code

32701

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPST
HOFFMAN, STEVEN
936 BISHOP CT. #1338
WINTER PARK FL 32792

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HOFFMAN, BEN
3706 W. ENFIELD
SKOKIE IL 60076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
FARIND, DIANE
800 TRENTON
HOBE SOUND FL 33422

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

P
LAWRENCE ABRAHAMS, ESQ.
5445 N. SHERRIDAN
CHICAGO, IL 60640

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

D
LORI THORNTON
7005 CORNEL
SKOKIE, IL 60077

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

D
DAVID MOORE
1700 FOREST HILL BLVD
W. PALM BEACH, FL 33461

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, 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 #

1-15-96 4078347872

CR2E037 (12/95)