FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mgribert - - -

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N9300000653 (6)

1. Corporation Name					
CONSUMER CREDIT ASSISTANCE, INC.				1	
TO THE OTHER THROUGH THE					
,					
Principal Plac	e of Business	Mailing Address		T (ABUSEN BIÈ IBIÈO 1919) BESOL BESOL BUSIN ABUS BESOL BE	ILI ar ia aran arian ilin 1861
1850 LEE ROAD 1850 LEE ROAD				3. Date incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
SUITE 304 SUITE 304				03/08/1993	
WINTER PARK FL 32789		WINTER PARK FL 32789		4. FEI Number	Applied For
				59-3177429	Not Applicable
2. Principal P	Place of Business	2a. Mailing Address			\$8.75 Additional
21 26		26		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc. Suit		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
		27		Trust Fund Contribution Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23		Zip Country		☐ Yes ☐ No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25 9. Name and Address of Currer		90	Personal Property Tax due June 30. 10, Name and Address of New Registered A	
	<u> </u>	The state of the s	81 Name	(or regulation of the regulation)	
HOEEMAN CTEVEN					, w, ·
888 BENTLEY GREEN CIR			82 Street Addre	ress (P.O. Box Number is Not Acceptable)	
WINTER SPRINGS FL 32708			83		
***********	011111001201100				
			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 tamiliar with and accept the obligations of, Section, 617.0503, Florida Statutes.					
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 1 New STONE HORFINAN 2/3/98					
	Signature, yped or printed name of registered age		Registered Agent signature require		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DPST	☐ DELETE	1,1 TITLE	ly.	Change Addition
NAME	HOFFMAN, STEVEN 888 BENTLEY GREEN CIR		1.2 NAME		
STREET ADDRESS	WINTER SPRINGS FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, BEN		2.1 III CE 2.2 NAME		C preside C vogition
STREET ADDRESS	3706 W. ENFIELD		2.3 STREET ADDRESS		
	SKOKIE IL 60076		2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	LAWRENCE ABRAHAMS, ESC		3.2 NAME		
STREET ADDRESS	5445 N. SHERIDAN	-	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4. CITY - ST - ZIP		
TITLE	D	☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME	LORI THORNTON		4, 2 NAME		
STREET ADDRESS	7005 LAREL		4.3 STREET ADDRESS		
CITY-ST-ZIP	SHOKIE IL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		10 10 10 10 10 10 10 10 10 10 10 10 10 1	6.4 CITY-ST-ZIP	440.03/64/3	4/ . N 4 h 1 . 5
14. I hereby o	entry that the information supplied w	ing this tiling does not qualify for t	rne exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further cer	tity that the information

indicated on this annual report or supplied with this filling 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 suppliemental 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 repelyer 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 all all actiment with an address.

CIGNATURE

HORKMAN 2

2/3/98 407 359.319

FILED

Feb 27 1998 8:00am

Secretary of State