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NONPROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCLIMENT #

1. Corporation Name	19300000	17	90	(5)
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CREDIT COUNSELING SERVICES INC. Principal Place of Business Mailing Address PO BOX 759 POMPANO BCH FL 33061 US POMPANO BCH FL 33061 US							
A District					3. Date Incorporated or Qualified 09/23/1991	3a. Date of 02/2	Last Report 8/1995
Z. Priricipar	Place of Business	2a. Mailing Address			4. FEI Number) OEIE	Applied For
Suite, Ap	ol. #, etc.	Suite, Apt. #, etc.			65-0286749		Not Applicable
2		27 Stille, Apr. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional
City & St. 3]	ale	City & State			6. Election Campaign Financing		ee Required
Z _{ID}	Country	28 Zip			Trust Fund Contribution		5.00 May Be dded to Fees
4	25	29	Countr 30	У	8. This corporation has liability for in	tangible tax unde	er s. 199.032,
	9. Name and Address of Curr	rent Registered Agent			Florida Statutes 10. Name and Address of New Re	l Yes □ No	
			81	Name	10. Harris and Address of New Re	gistered Agent	
JOECK	(EL, RON		82	Street Arti	dress (P.O. Box Number is Not Acceptable		
2209 N STE A-	IE 2 STR			1))	
	O ANO BCH FL 33062		83	'		· · · · · · · · · · · · · · · · · · ·	
I OMF	NO DON PL 33062		84	City	4	85	Zip Code
11. Pursuan	t to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	utes, the above-	named coroo	oration submits this statement for the purpor		•
familiar v	ered agent, or both, in the State of Flo vith, and accept the obligations of, Se	orida. Such change was author ection 617.0503. Florida Statute	ized by the corp	poration's bo	oration submits this statement for the purporard of directors. I hereby accept the appoin	ose of changing i ntment as registe	ts registered office red agent. I am
SIGNATURE						•	
	Character &						
2	Styriature, typed or printed name of registered age		NOTE: Registered Age			DA*t	
	OFFICERS A	ND DIRECTORS	NOTE: Registered Age				TORS IN 12
IILF	PD OFFICERS A		NOTE: Registered Age 13. 1.1 TITLE		ed when reinstating)		
IILF AME	PD JOECKEL, RON	ND DIRECTORS	13. 1.1 TILE	nt signatura requir	ed when reinstating)	ERS AND DIREC	
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754-946-8084

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR