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Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000001790 (5)

1. Corporation Name

CREDIT COUNSELING SERVICES INC.



Principal Place of Business

Mailing Address

PO BOX 759
POMPANO BCH FL 33061
US

PO BOX 759
POMPANO BCH FL 33061-0759
US

3. Date Incorporated or Qualified
09/23/1991

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 PO BOX 9260

26 PO BOX 9260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 Naples FL

28 Naples FL

Zip

Country

Zip

Country

24 34101

25 COLLIER

29 34101

30 COLLIER

4. FEI Number
65-0286749

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOECKEL, RON
2209 NE 2 STR
STE A-6
POMPANO BCH FL 33062

MOVED ->

81 Name RON JOECKEL

82 Street Address (P.O. Box Number is Not Acceptable) 3397 SACRAMENTO WAY UNIT B

84 City NAPLES

FL

85 Zip Code 34105

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JOECKEL, RON
STREET ADDRESS 2209 NE 2 STR, STE A-6
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE PD
1.2 NAME RON JOECKEL
1.3 STREET ADDRESS 3397 SACRAMENTO WAY #B
1.4 CITY-ST-ZIP NAPLES FL 34105

TITLE D
NAME JOECKEL, HENRY
STREET ADDRESS 2209 NE 2 STR, STE A-6
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE D
2.2 NAME HENRY JOECKEL
2.3 STREET ADDRESS 3397 SACRAMENTO WAY #B
2.4 CITY-ST-ZIP NAPLES FL 34105

TITLE D
NAME GILBERT, CHARLES
STREET ADDRESS 232 NE 23RD STREET, UNIT 2
CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

941-403-0898

Date Daytime Phone # 0025340

CR2E037 (9/96)