

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

FILED
May 21 1996 8:00 am
Secretary of State

DOCUMENT # **N 95000000338 (2)**
1. Corporation Name
FEDERATED CREDIT COUNSELING SERVICES INC

300001833673
-05/22/96--01013--009
***61.25

Principal Place of Business Mailing Address
16720 NORWOOD DRIVE SAME
~~FLA~~ **TPA, FLA 33624**

2. Principal Place of Business 2a. Mailing Address
21 **16720-NORWOOD DRIVE** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 **TPA FL** 28
Zip Country Zip Country
24 **33624** 25 **Hillsbush** 29 30

3. Date incorporated or Qualified 3a. Date of Last Report
1-24-1995 1/24/95
4. FEE Number Applied For
59-3289527 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
MITCHELL I HOROWITZ
501 - E KENNEDY BLVD #1700
TPA, FL 33602

10. Name and Address of New Registered Agent
81 Name **VINCENT MADORMA**
82 Street Address (P.O. Box Number is Not Acceptable)
16720 - NORWOOD DRIVE
83
84 City **TPA** FL 85 Zip Code **33624**

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 **VINCENT MADORMA** 4/23/96
Date

12. OFFICERS AND DIRECTORS

TITLE	D	PRESIDENT	<input type="checkbox"/> DELETE
NAME		MADORMA VINCENT	
STREET ADDRESS		16720-NORWOOD DRIVE	
CITY-ST-ZIP		TAMPA FL 33624	
TITLE	D	DIRECTOR	<input type="checkbox"/> DELETE
NAME		DURANT LAURA	
STREET ADDRESS		2550-STAG RUN BLVD #924	
CITY-ST-ZIP		CLEARWATER FL 34625	
TITLE	D	ARTHUR GREEN DIRECTOR	<input type="checkbox"/> DELETE
NAME		2815 N ARMENIA	
STREET ADDRESS		TAMPA, FL 33614	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **VINCENT MADORMA** 4/23/96 / 813-963-6150
Date Daytime Phone #

CR2E037 (12/95)