

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

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

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

2. Principal Place of Business 21 16720-NORWOOD DRIVE	2a. Mailing Address 26 SAME	3. Date incorporated or Qualified 1-24-1995	3a. Date of Last Report 1/24/95
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3289527	Applied For Not Applicable
City & State 23 TPA FL	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33624	Country 25 Hillsborough	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 29	Zip 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

(NOTE: Registered Agent signature required when re-stating)

DATE

4/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MADORMA VINCENT 16720-NORWOOD DRIVE TAMPA FL 33624	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DURANT LAURA 2550-STAG RUN BLVD #924 CLEARWATER FL 34625	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARTHUR GREEN 2815 N ARMENIA TAMPA, FL 33614	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 in changed, or on an attachment with an address.

SIGNATURE:

VINCENT MADORMA

4/23/96 / 813-963-6150

CR2E037 (12/95)