

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000338 (2)
 1. Corporation Name
FEDERATED CREDIT COUNSELING SERVICES, INC.



Principal Place of Business 16720 NORWOOD DRIVE TAMPA FL 33624	Mailing Address 16720 NORWOOD DRIVE TAMPA FL 33624-1169
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3. Date Incorporated or Qualified 01/24/1995	3a. Date of Last Report 05/21/1996
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2. Principal Place of Business 21 16720 - NORWOOD DR	2a. Mailing Address 26 16720 NORWOOD DR
22 TPA FL	27 TPA FL
23 TPA FL	28 TPA FL
24 33624 Hills	29 33624 Hills

4. FEI Number 59-3289527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**MADORMA, VINCENT
 16720 NORWOOD DRIVE
 TAMPA FL 33624**

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: *[Signature]* DATE: **4/26/97**

12. OFFICERS AND DIRECTORS

TITLE	D PRESIDENT <input type="checkbox"/> DELETE
NAME	MADORMA, VINCENT
STREET ADDRESS	16720 NORWOOD DR.
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D OFFICER <input type="checkbox"/> DELETE
NAME	DURANT, LAURA
STREET ADDRESS	2550 STAG RUN BLVD. #924 <i>ADDRESS CHANGE</i>
CITY-ST-ZIP	CLEARWATER FL 34625
TITLE	D OFFICER <input type="checkbox"/> DELETE
NAME	GREEN, ARTHUR
STREET ADDRESS	2815 N. ARMENIA
CITY-ST-ZIP	TAMPA FL 33614
TITLE	D <input type="checkbox"/> DELETE
NAME	DURANT, LAURA
STREET ADDRESS	2333 FEATHER SOUND DR., APT. C603 <i>SAME PERSON ABOVE</i>
CITY-ST-ZIP	CLEARWATER FL 34622
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	OFFICER DURANT LAURA
2.3 STREET ADDRESS	556007 - ARBORCLUB WAY
2.4 CITY-ST-ZIP	BOCA RATON FL 33433
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 does not qualify for the exemption stated in Section 119.07(3)(j), 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 of an attachment with an address.

SIGNATURE: *[Signature]* **VINCENT MADORMA-4-1-97- 813 963 6150**

CR2E037 (9/96)