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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # . N95000002783 (7)

1. Corporation Name

CONSUMER CREDIT CONSULTING SERVICES, INC.

Principal Place of Business

1001-B S. WINTER PARK DR.
CASSELBERRY FL 32707

Mailing Address

1001-B S. WINTER PARK DR.
CASSELBERRY FL 32707

2. Principal Place of Business

2a. Mailing Address

21 801 Douglas
Suite/Apt. #, etc

26 801 Douglas
Suite/Apt. #, etc

22 201
City & State

27 201
City & State

23 Altamonte Springs
Zip Country

28 Altamonte Springs FL
Zip Country

24 32714
Country

29 32714
Country

9. Name and Address of Current Registered Agent

HOFFMAN, STEVEN
888 BENTLEY GREEN CIR.
WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number

56-1921021

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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]

STEVEN HOFFMAN, Pres

2/13/98

Signature, typed, printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME HOFFMAN, STEVEN
STREET ADDRESS 651 MAIN ST.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

☐ DELETE

TITLE D
NAME HOFFMAN, BEN
STREET ADDRESS 3706 ENFIELD
CITY-ST-ZIP SKOKIE IL 60076

☐ DELETE

TITLE D
NAME HOFFMAN, RITA
STREET ADDRESS 3706 ENFIELD
CITY-ST-ZIP SKOKIE IL 60076

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME HOFFMAN, STEVEN
1.3 STREET ADDRESS 888 BENTLEY GRN. CIR
1.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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] STEVEN HOFFMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/98 407 831-6800

Daytime Phone # 0012819

CR2E03: 11/97