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Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Hardee
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002783

1. Corporation Name

CONSUMER CREDIT CONSULTING SERVICE, INC.

Principal Place of Business

801 DOUGLAS
STE 201
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

801 DOUGLAS
STE 201
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

9. Name and Address of Current Registered Agent

HOFFMAN, STEVEN
888 BENTLEY GREEN CIR
WINTER SPRINGS FL 32708

11. Signature

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HOFFMAN, BEN
3706 ENFIELD
SKOKIE IL 60076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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HOFFMAN, RITA
3706 ENFIELD
SKOKIE IL 60076

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HOFFMAN, RITA
3706 ENFIELD
SKOKIE IL 60076

14. I hereby certify that the information supplied with this filing is not qualified for exemption under Section 119.07(3) 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 amendment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PCL 6

MEt
Memory Enhancement
technology

2 MBytes

3. Date Incorporated or Qualified

06/06/1995

4. FE Number

56-1921021

5. Certificate of Status Desired

6. Election Campaign Financial

Trust Fund Contribution

7. Name and Address of New Registered Agent

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