

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

DOCUMENT # N 9500000 3315
1. Corporation Name

CONSUMER BUDGET COUNSELING INC

Principal Place of Business

Mailing Address

4040 B TAMiami TRAIL
PORT CHARLOTTE, FLORIDA 33952

AMENDED

3. Date Incorporated or Qualified 07/13/95	3a. Date of Last Report 1/18/96
4. FEI Number 66-0597209	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	

2. Principal Place of Business 21. 4040 B TAMiami TRAIL Suite, Apt. #, etc. - 22. City & State 23. Port Charlotte, FL 33952 24. Zip 33952	2a. Mailing Address 26. Suite, Apt. #, etc. SAM 2 27. City & State 28. Port Charlotte, FL 33952 29. Zip 33952
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Florida Filings + Search SVCS
842 EAST PARK AVENUE
TALLAHASSEE, FL. 32301

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 617.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRINCIPATO PAUL R.	<input type="checkbox"/> DELETE
NAME	125 COLONIAL ST. SE	(D)
STREET ADDRESS	PORT CHARLOTTE, FL. 33952	
CITY - ST - ZIP		
TITLE	PRINCIPATO MARILYN	<input type="checkbox"/> DELETE
NAME	125 COLONIAL ST. SE	(D)
STREET ADDRESS	PORT CHARLOTTE FL 33952	
CITY - ST - ZIP		
TITLE	CONSALVO, LEONARD	<input type="checkbox"/> DELETE
NAME	1931 CITRON STREET	(D)
STREET ADDRESS	CHARLOTTE, FL 33952	
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	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GUS FARINELLA	(D)
1.3 STREET ADDRESS	80 ALPINE WAY	
1.4 CITY - ST - ZIP	HUNTINGTON, NEW YORK 11746	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	400001745434	
4.4 CITY - ST - ZIP	-03/15/96 - 01103 - 025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	***\$61.25	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

2-14-96