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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moatham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003490 (8)**

1. Corporation Name

CONSUMER DEBT RESOLUTION CONSULTANTS, INC.



Principal Place of Business 4770 BISCAYNE BLVD. 1480 MIAMI FL 33137 US	Mailing Address 4770 BISCAYNE BLVD. 1480 MIAMI FL 33137 US
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2. Principal Place of Business 21 3550 BISCAYNE BLVD Suite, Apt. #, etc. 602 City & State MIAMI FLA Zip 33137 Country DADE	2a. Mailing Address 26 3550 BISCAYNE BLVD Suite, Apt. #, etc. 602 City & State MIAMI FLA Zip 33137 Country DADE
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3. Date Incorporated or Qualified 07/24/1995	
4. FEI Number 65-0600310	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GLASER, ALLAN M 11900 BISCAYNE BLVD. SUITE 807 MIAMI FL 33181

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
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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 Traci Grabarnick DATE 01-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GRABARNICK, TRACI STREET ADDRESS 4770 BISCAYNE BLVD., STE. 1480 CITY-ST-ZIP MIAMI FL	1.1 TITLE PD	Traci Grabarnick 1.2 NAME 3550 BISCAYNE BLVD #602 1.3 STREET ADDRESS MIAMI FLA 33137 1.4 CITY-ST-ZIP
TITLE VD	GRABARNICK, GARRETT STREET ADDRESS 4770 BISCAYNE BLVD., STE. 1480 CITY-ST-ZIP MIAMI FL	2.1 TITLE T	DAWN GRABARNICK 2.2 NAME 6440 ALLISON RD 2.3 STREET ADDRESS MIAMI BEACH FLA 33141 2.4 CITY-ST-ZIP
TITLE D	ANDERMORA, ALEX STREET ADDRESS 4770 BISCAYNE BLD., STE. 1480 CITY-ST-ZIP MIAMI FL	3.1 TITLE T	T.G. STERN 3.2 NAME 6440 ALLISON RD 3.3 STREET ADDRESS MIAMI BEACH FLA 33141 3.4 CITY-ST-ZIP
TITLE 	 STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 	 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE 	 STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 	 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE 	 STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 	 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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: Traci Grabarnick DATE 01-28-98

CP2E037 (10/97)