

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPT 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO

17, 1997
\$236.25).

FILED
Aug 11 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 # N96000003987 (2)

1. Corporation Name

DEBT MANAGEMENT CORPORATION

Principal Place of Business

5584-4 TIMUQUAMA RD.
JACKSONVILLE FL 32210

Mailing Address

5584-4 TIMUQUAMA RD.
JACKSONVILLE FL 32210



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1996 3a. Date of Last Report

4. FEI Number 59-3404649 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 7457-1 103rd ST. 26 7457-1 103rd ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 JACKSONVILLE, FL 28 JACKSONVILLE, FL.
Zip Country Zip Country
24 32210 25 DUVAL 29 32210 30 DUVAL

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST.
FT. LAUDERDALE FL 33311

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	RODRIGUEZ, JOSE	1.2 NAME	WILMA E. RODRIGUEZ
STREET ADDRESS	5584-4 TIMUQUAMA RD.	1.3 STREET ADDRESS	3727 CONSTANCIA DR
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	GREEN COVE SPRING, FL 32043
TITLE	D	2.1 TITLE	D
NAME	MIRANDA, CARLOS	2.2 NAME	BEVERLY DANIEL
STREET ADDRESS	5584-4 TIMUQUAMA RD.	2.3 STREET ADDRESS	PO BOX 542
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	MIDDLEBURG, FL 32060
TITLE	D	3.1 TITLE	D
NAME	JORDAN, RODNEY	3.2 NAME	FRANK ORTIZ
STREET ADDRESS	5584-4 TIMUQUAMA RD.	3.3 STREET ADDRESS	5880 CHANNEL VIEW BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	D	4.1 TITLE	D
NAME	SALAZ, EDWARD	4.2 NAME	Jose Rodriguez
STREET ADDRESS	5584-4 TIMUQUAMA RD.	4.3 STREET ADDRESS	7457-1 103 rd ST.
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 REQUIRED 7/15/97 (904) 772-0720

CR2E037 (4/97)