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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N96000003987

1. Corporation Name

DEBT MANAGEMENT CORPORATION

Principal Place of Business

7457-1 103RD ST.  
JACKSONVILLE FL 32210

Mailing Address

7457-1 103RD ST.  
JACKSONVILLE FL 32210



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/30/1996

4. FEI Number

59-3404549

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

9. Name and Address of Current Registered Agent

MCCLEAN, TOM  
4503 IRVINGTON AVENUE  
SUITE 6  
JACKSONVILLE FL 32210

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME RODRIGUEZ, JOSE  
STREET ADDRESS 5584-4 TIMUQUAMA RD.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D DELETE

NAME RODRIGUEZ, WILMA E  
STREET ADDRESS 3727 CONSTANCIA DR.  
CITY-ST-ZIP GREEN COVE SPRING FL 32043

TITLE D DELETE

NAME DANIEL, BEVERLY  
STREET ADDRESS P.O. BOX 542 N/A  
CITY-ST-ZIP MIDDLEBURG FL 32050

TITLE D DELETE

NAME SALAZ, EDWARD  
STREET ADDRESS 5584-4 TIMUQUAMA RD.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D DELETE

NAME ORTIZ, FRANK  
STREET ADDRESS 5880 CHANNEL VIEW BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE D DELETE

NAME RODRIGUEZ, JOSE  
STREET ADDRESS 7457-1 103RD ST.  
CITY-ST-ZIP JACKSONVILLE FL 32210

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)