

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 30 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N97000003972 (3)**

1. Corporation Name

**APPLE CONSUMER CREDIT COUNSELING, INC.**

Principal Place of Business

Mailing Address

**1715 STICKNEY POINT RD., #A-12  
SARASOTA FL 34231**

**1715 STICKNEY POINT RD., #A-12  
SARASOTA FL 34231**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**07/09/1997**

4. FEI Number

**65-0767575**

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**

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

**ROJEN, REX A  
48 N. WASHINGTON BLVD., #1  
SARASOTA FL 34236**

**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

TITLE **D** **PRESIDENT** ☐ DELETE  
NAME **FRANK UENA**  
STREET ADDRESS **56 BURNETT ST.**  
CITY-ST-ZIP **AVONEL, NJ, 07001**

TITLE **D** **VICE-PRESIDENT** ☐ DELETE  
NAME **ANTHONY E. EMANUEL**  
STREET ADDRESS **239 CLAPLIN BLVD.**  
CITY-ST-ZIP **FRANKLIN, SQUARE, N.Y. 11010**

TITLE **D** **DIRECTOR** ☐ DELETE  
NAME **ED DRAYSON**  
STREET ADDRESS **9311 ORANGE GROVE DR. APT. 306**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33324**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**4000002578024**

**-07/01/98--01087--005**

**\*\*\*61.25**

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

*6/1/98*

CR2E037 (10/97)