

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT,
1999



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

DOCUMENT # N97000003972

1. Corporation Name

APPLE CONSUMER CREDIT COUNSELING, INC.

Amended AR

99 SEP -8 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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



AMENDMENT
CHANGE OF ADDRESS

2. Principal Place of Business

7493 NW 4TH STREET
Suite, Apt. #, etc.

2a. Mailing Address

7493 NW 4TH STREET
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

65-0767575

Applied For

Not Applicable

City & State

PLANTATION, FLORIDA
Zip Country

City & State

PLANTATION, FLORIDA
Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

33317

BROWARD

33317

BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTEN, REX A

46 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 re-issuing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME VENA, FRANK
STREET ADDRESS 56 BURNETT ST
CITY-STATE-ZIP AVENEL NJ 07001

1.2 TITLE ☐ DELETE

NAME EMANUEL, ANTHONY E
STREET ADDRESS 239 CLAFLIN BLVD
CITY-STATE-ZIP FRANKLIN SQUARE NY 11010

1.3 TITLE ☒ DELETE

NAME DRAYSON, ED
STREET ADDRESS 9311 ORANGE GROVE DR., APT 306
CITY-STATE-ZIP FT LAUDERDALE FL 33324

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME D ROBLEY, BRUCE
STREET ADDRESS 50 S. GROVE STREET
CITY-STATE-ZIP VALLEY STREAM NY 11580

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

NAME D AUDREY CURZIO
STREET ADDRESS 1480 NW 110TH AVE #375
CITY-STATE-ZIP PLANTATION FL 33322

4.1 TITLE ☐ Change ☐ Addition

NAME 500002988215-1
STREET ADDRESS -09/15/99-01091-006
CITY-STATE-ZIP *****61.25 *****61.25

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-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:

ANTHONY E EMANUEL

EE Emanuel V.P.

(904) 316-7074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone