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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N98000001253
1. Corporation Name
ALL 4 CREDIT RESTRUCTURE & DEBT COUNSELING SERVICE INC.

Principal Place of Business: 2000 BANKS ROAD SUITE 201-H MARGATE FL 33063
Mailing Address: 2000 BANKS ROAD SUITE 201-H MARGATE FL 33063

9/9/99 90004 015 \$61.25

2. Principal Place of Business (1) 2a. Mailing Address (26) 3. Date Incorporated or Qualified (03/03/1998) 4. FEI Number (65-0828640-003) Applied For (Not Applicable) 5. Certificate of Status Desired (X) \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution () \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent: ALLEN, WALNA M 2000 BANKS ROAD SUITE 201-H MARGATE FL 33063
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

I, Pursuant to the provisions of Sections 817.0502 and 817.1508, 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. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am, I am not, and I accept the obligations of, Section 817.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: []

Table with columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like title, name, street address, city, state, zip.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 817, 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 employees.

SIGNATURE: [Signature]

4/12/99

KE