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AMENI	DED 2000 Uniform	Susiness Repor	t (UBP.)					
DOCUMENT # P95000050015				FILED SECRETARY OF STATE FIVESION OF CORPORATIONS				
DEBT MANAGEMENT ASSOCIATES, INC.								
23123	se of Business S. State Road 7, Raton, FL 33428	Mailing Address Annex		10 m	00 JUL 26 A	M IU: 2U		
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	ee	City & State			4. FEI Number 65-0601101	. —	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8.75 A Fee Requi		
-	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re	gistered Agent		
Kokinos, George L. 23123 S. State Road 7 Annex Boca Raton, FL 33428			Street A	CT Corporation System reet Address (P.O. Box Number is Not Acceptable) 1200 Pine Island Road				
			City I	Plant	ation	FL 333	24	
SIGNATURE 	named entity submits this statement for Control of Signature, typed or printed name of registered agent prattion is eligible to satisfy its Intangible requirement and elects to do so.	ABUK! and title if applicable. (NOTE:	Registered Agent signatu FEE IS \$150.0 Fee will be \$5	ABARA A ASSEST A LIVE required w	A. BURKE ANT SECRETARY Then reinstating) 10. Election Campaign Fina Trust Fund Contribution.	9-17 00 DATE	.00 May Be	
11	OFFICERS AND	DIRECTORS	12.	an a said and a said and a said	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CEO, P Kokinos, George 23123 S. State R Boca Raton, FL VP	d.7, Annex	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	231	CEO inos, George L. 23 S. State Rd.7 a Raton, FL 334	-		
NAME Street address City-St-Zip	Canty, Bonnie 23123 S. State R Boca Raton, FL	d.7, Annex	NAME STREET ADDRESS CITY-ST-ZIP	2312	ty, Bonnie 23 S. State Rd.7 a Raton, FL 334	Annex		
title Name Street address City-St-Zip	D, VP, S Recore, Richard 23123 S. State R Boca Raton, FL	•	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change 351659 70001110- 1.25 *****	——∋ 021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		☐ Delete	TITLE NAME			☐ Change	☐ Addition	

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

SIGNATURE: By: George L. Kokinos Signature and typed or printed name of signing officer or directions

July 12, 2000 561-477-52