FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 14 1998 8:00am

Secretary of State

1998
DOCUMENT # P

P97000046836 (7)

NATIONAL CREDIT SERVICES ASSOCIATION, INC.

Principal Place of Business Mailing Address 2300 W. SAMPLE ROAD SUITE 212 POMPANO BEACH FL 33073 Mailing Address SUITE 212 POMPANO BEACH FL 33073								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified							
									3/1997						
2. Principal Pl	ace of Business	28.	Mailing Address					4. FEI Numb	oer					Applied F	For
21		26	******					52	<u> . Z0</u>	40	757	<u> </u>		Not Appl	
Suite, Apt. :	#, etc.	27	Suite, Apt. #, etc.					5. Certificate	e of Stat	us Desire	∂d			Addition Required	
City & State		,	City & State					6. Election (-	ing	_		0 мау В	
23		26	· · · · · · · · · · · · · · · · · · ·	T 0=				Trust Fun						d to Fees	
Zip	Country		Zip	30	untry			8. This corp Personal						intangible No	0
24	25 9. Name and Address of Currer	29 nt Regist	tered Agent	130]	т—		1	10. Name an							
Α.	TWOOD, JAMES J				81	Name							20		
	300 W. SAMPLE ROAD				82			is (P.O. Box N				_			
1	UITE 212				82	Street	Adores	E At	uniber i	s NOL ACC	BIU	وي ا			
	OMPANO BEACH FL 33073				83				-FL-1	1-2					
					84	City							85 Zu	p Code	
					1	- 1	も れ	PALO	BER	icit		FL	_ カ	306	.0
11. Pursuant t	to the provisions of Sections 607.050)2 and 60	07.1508, Florida Statu	iles, the a	bove	-named	corpor	ration submits	this stat	ement for	r the pu	irpose o	of changing	its regis	stered ered
agent Lar	to the provisions of Sections 607,050 egistored agent, or both, in the State m familiar with, and accept the oblig	ations of	Section 607.0505, F	lorida Sta	lutes	i.	πιαιοι	13 Dodied of Q	n octora.	i norony	шоворя	the app	pomerneme	rogilik	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	V 1/2	//	(Rooch)) L. Les	\$h:n)											
	Signature, typical or punited name of respitered ingo	ont and Mic	diapposable (NO		d Age	nt signature	required	when reinstating)	0/0//44	050.70	055101	DATE	D DIDEOT	200 114	
12.	OFFICERS AN	DDREC	TORS	13. 1.1 I	17 5	 1	<u></u>	ADDITION	S/CHAN	GES 10	OFFICE	EHS AIN	D DIRECTO		Addition
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NAME .	1921 E. ATLANTIC BLVD.	INL	/			ADDRESS	23	300 W	SAH	ple 1	la a	# 2/	2		
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STREET ADDRESS				635	HEET	ADDRESS									

14. Thereby 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 logal 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 12 or Block 13 if changed or on an attachment with an address.