

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

FILED

Feb 12 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000107207 (7)

1. Corporation Name

**CONSUMER PROTECTION CENTER, INC.**  
CREDIT PROTECTION CORPORATION

N/C  
1/23/98



Principal Place of Business 18197 US HWY 19 N SUITE 450 CLEARWATER FL 33764-6572	Mailing Address 18197 US HWY 19 N SUITE 450 CLEARWATER FL 33764-6572
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13557 66th Street North Suite, Apt. #, etc. 22 Suite B City & State 23 Largo, FL Zip 24 33771		2a. Mailing Address 25 13557 66th Street North Suite, Apt. #, etc. 26 Suite B City & State 27 Largo, FL Zip 28 33771		3. Date Incorporated or Qualified 12/22/1997	
25 USA		28 USA		4. FEI Number 59-3434176	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KELLER, BRIAN R 18197 US HWY 19 N SUITE 450 CLEARWATER FL 33764-6572				10. Name and Address of New Registered Agent 81 Name Brian R. Keller 82 Street Address (P.O. Box Number is Not Acceptable) 13557 66th Street North 83 Suite B 84 City Largo FL 85 Zip Code 33771	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Brian R. Keller 2/4/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLER, BRIAN R			1.2 NAME	Keller, Brian R.		
STREET ADDRESS	18197 US HWY 19 N, STE 450			1.3 STREET ADDRESS	13557 66th Street North, Suite B		
CITY-ST-ZIP	CLEARWATER FL 33764-6572			1.4 CITY-ST-ZIP	Largo, FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Mondell, Michael		
STREET ADDRESS				2.3 STREET ADDRESS	13557 66th Street North, Suite B		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Largo, FL 33771	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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-02/13/98--01004--006  
\*\*\*150.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or given attachment with an address.

SIGNATURE: Brian R. Keller President 2/4/98 813/538-2571

CR2E034 (10/97)