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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S17473 (7)

1. Corporation Name
CREDIT-TEL FINANCIAL SERVICES, INC.



Principal Place of Business
4101 N ANDREWS AVE
SUITE 305
OAKLAND PARK FL 33309

Mailing Address
4101 N ANDREWS AVE
SUITE 305
OAKLAND PARK FL 33309-4776

3. Date Incorporated or Qualified 12/11/1990
3a. Date of Last Report 03/15/1996

2. Principal Place of Business
21 1400 E OAKLAND PK BLVD
Suite, Apt. #, etc. 22 202

2a. Mailing Address
26 1400 E OAKLAND PK BLVD
Suite, Apt. #, etc. 27 202

4. FEI Number 65-0232837
Applied For Not Applicable

23 OAKLAND PARK, FL
City & State
24 33334
Zip

28 OAKLAND PARK, FL
City & State
29 33334
Zip

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

25 BROWARD
Country
26 BROWARD
Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
STEINBERG, SHERRY
1515 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
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 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: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PV
NAME STEINBERG, SHERRY
STREET ADDRESS ~~4101 N ANDREWS AVE #305~~
CITY-ST-ZIP ~~OAKLAND PARK FL~~
TITLE STD
NAME STEINBERG, SHERRY
STREET ADDRESS ~~4101 N ANDREWS AVE #305~~
CITY-ST-ZIP ~~OAKLAND PARK FL~~
TITLE VP
NAME STEINBERG, DAVID
STREET ADDRESS ~~4101 N ANDREWS AVE #305~~
CITY-ST-ZIP ~~OAKLAND PARK FL~~
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1400 E. OAKLAND PK BLVD #202
1.4 CITY-ST-ZIP OAKLAND PARK, FL 33334
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1400 E. OAKLAND PARK BLVD #202
2.4 CITY-ST-ZIP OAKLAND PARK, FL 33334
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1400 E. OAKLAND PARK BLVD #202
3.4 CITY-ST-ZIP OAKLAND PARK, FL 33334
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/10/97 Daytime Phone 784-5324101

CR2E034 (9/96)