

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

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Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S26093 (2)**  
 1. Corporation Name  
**CREDIT MANAGEMENT SERVICES GROUP, INC.**

Principal Place of Business <b>7433 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 US</b>	Mailing Address <b>7433 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467-7625 US</b>
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2. Principal Place of Business 21 <b>100 EAST LINTON BLVD.</b> Suite, Apt. #, etc. 22 <b>SUITE # 500-A</b> City & State 23 <b>DELRAY BEACH FL.</b> Zip 24 <b>33483</b>		2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>U.S.A.</b>		3. Date Incorporated or Qualified <b>01/18/1991</b>		3a. Date of Last Report <b>07/08/1996</b>	
4. FEI Number <b>59-3044523</b>		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>MORSE, ELEANOR 7433 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467</b>		10. Name and Address of New Registered Agent 81 Name <b>ELIZABETH MARLOW</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>18228 48th. AVE. NORTH</b> 83 84 City <b>LOXAHATCHEE</b> FL 85 Zip Code <b>33470</b>	

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 *X Elizabeth Marlow* DATE **4-4-97**  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORSE, ELEANOR 7433 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P ELIZABETH MARLOW 18228 48th. AVENUE NORTH LOXAHATCHEE, FL. 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V.P. SANDRA K. BROWN 380 CANAL POINT NORTH, # 238 DELRAY BEACH, FL. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S./T. SANDRA K. BROWN 380 CANAL POINT NORTH, # 238 DELRAY BEACH, FL. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Elizabeth Marlow* DATE **4-4-97** Daytime Phone **561-278-2433**  
 Signature typed or printed name of signing officer or director

CR2E034 (9/96)