

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

FILED

Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S32651** (9)  
1. Corporation Name  
**DEBT CONTROL CENTER, INC.**



Principal Place of Business <b>1750 N FLORIDA MANGO RD SUITE 301 WEST PALM BEACH FL 33409</b>	Mailing Address <b>1750 N FLORIDA MANGO RD SUITE 301 WEST PALM BEACH FL 33409</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/19/1991</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0298284</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KAROSAS, RAYMOND K. 1750 N. FLORIDA MANGO ROAD SUITE 301 WEST PALM BEACH FL 33409</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	T/D/CEO
NAME	KAROSAS, RAYMOND K	1.2 NAME	Raymond K. Karosas
STREET ADDRESS	1750 N FLA MANGO RD	1.3 STREET ADDRESS	1750 N. Fla. Mango Rd.
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	VSD	2.1 TITLE	S/D
NAME	KAROSAS, LINDA L	2.2 NAME	Linda L. Karosas
STREET ADDRESS	1750 N FLA MANGO RD	2.3 STREET ADDRESS	1750 N. Fla. Mango Rd.
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE		3.1 TITLE	P
NAME		3.2 NAME	Michael R. Karosas
STREET ADDRESS		3.3 STREET ADDRESS	1750 N. Fla. Mango Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE		4.1 TITLE	V
NAME		4.2 NAME	Ken Foster, Jr.
STREET ADDRESS		4.3 STREET ADDRESS	1750 N. Fla. Mango Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/5/98** (561) 684-2213

CR2E034 (10/97)