

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000027505 (4)

1. Corporation Name

CONSOLIDATED COLLECTIONS AND CREDIT CORPORATION



Principal Place of Business

Mailing Address

5300 S FLORIDA AVE  
LAKELAND FL 33813

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LAKELAND FL 33813

3. Date Incorporated or Qualified

04/06/1994

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1234 East Lime Street  
Suite, Apt. #, etc.

26 1234 East Lime Street  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lakeland, FL

28 Lakeland, FL

24 Zip Country

29 Zip Country

33801

25 Polk

33801

30 Polk

4. FEI Number

59-3235572

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

10. Name and Address of New Registered Agent

BURKEY, JOHN D  
5300 S FLORIDA AVE  
LAKELAND FL 33813

81 Name

Pamela M Andrews

82 Street Address (P.O. Box Number is Not Acceptable)

83 1234 East Lime Street  
84 City

Lakeland FL 85 Zip Code 33801

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 *Pamela M. Andrews*

Pamela M Andrews

3-25-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                | STREET ADDRESS     | CITY - ST - ZIP   | <input checked="" type="checkbox"/> DELETE |
|-------|---------------------|--------------------|-------------------|--|
| D     | BURKEY, JOHN D      | 5300 S FLORIDA AVE | LAKELAND FL 33813 | <input checked="" type="checkbox"/>        |
| D     | LONIEWSKI, ROBERT J | 5300 S FLORIDA AVE | LAKELAND FL 33813 | <input type="checkbox"/>                   |
| D     |                     |                    |                   | <input type="checkbox"/>                   |
| D     |                     |                    |                   | <input type="checkbox"/>                   |
| D     |                     |                    |                   | <input type="checkbox"/>                   |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|-----------|----------|--------------------|---------------------|--|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Pamela M. Andrews* Pamela M Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)