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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000013156 (0)

COLLECTION SOLUTIONS, INC.

Principal Place of Business Mailing Address 2652 LEEWOOD 2652 LEEWOOD MELBOURNE FL 32935 MELBOURNE FL 32835-2840 3. Date Incorporated or Qualified 3a. Date of Last Report 02/12/1996 ಬಡು 2. Principal Place of Business 28. Mailing Address 26 P. O. Box 16292 4. FEI Number Applied For 5437 12 pron 75-2435 Not Applicable Suite. Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Oity & State City & State 6. Election Campaign Financing \$5.00 May Be 23 TORF ORAN Trust Fund Contribution Added to Fees Zip Country 6. This corporation has liability for intangible tax under s. 199.032, ValueIVA MARANT 74142 Yes Yo 29 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 R4 City 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, 4 am familiar with, and at cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE of and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. **PSTD** DELETE Change Addition Table 11 TITLE michael McCon MCCOY, MICHAEL W NAME 1.2 NAME TURION LM. **2652 LEEWOOD** 1.3 STREET ADDRESS STREET ADORESS MELBOURNE FL 32935 CHY-S1-Z0 1.4 CITY-ST-ZIP DELETE Addition Change THEF 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY- ST-ZIE 2 4 CITY-ST-ZIP DELETE Titte 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CHY-SI-ZIE ☐ DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CHY-SI-2F 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE NALS 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST ZIP DELETE TITLE 6.1 TITLE Change

\*\*\*165.00 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

64 CITY-ST-2IP

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADORESS

CHY-SI-Zif

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**FILED** 

May 09 1997 8:00am

Secretary of State