

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

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Morton
Secretary of State
Tallahassee, Florida 32304-0001

AM 4:59

DOCUMENT # **V00965**

(6)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
DEBT ACQUISITION, INC.

Principal Office (Mailing)
**2250 NE 163RD STREET
SUITE 6
N MIAMI BEACH FL 33160**

Principal Office (Physical)
**2250 NE 163RD STREET
SUITE 6
N MIAMI BEACH FL 33160**

DEFINITE WRITE IN THIS SPACE

3. Date incorporated or qualified 12/16/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0318761	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for applicable tax under S. 199(1)(F) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office (Mailing) 21. State App # of 22. City & State 23. Zip & State	2a. Mailing Address 26. State App # of 27. City & State 28. Zip & State
24. 1st 25. 2nd	29. 1st 30. 2nd

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOLDSMITH, JAMES 2250 NE 163ST SUITE #6 SUITE 302 N. MIAMI BCH FL 33160		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.04 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 607.0425, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. NAME	PD GOLDSMITH, JAMES A.	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	2250 163RD STREET	2. STREET ADDRESS	
3. CITY & STATE	N MIAMI BEACH FL	3. CITY & STATE	
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY & STATE		6. CITY & STATE	
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	

14. I do hereby certify that the information supplied was true and correct at the time of filing and shall remain true and correct until the next filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if change of name.

SIGNATURE: _____ **James A. Goldsmith** **4-28-95** **(305) 949-9049**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR