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Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V59129**

(9)

1. Corporation Name  
**WORLDWIDE COLLECTIONS, INC.**



Principal Place of Business  
**210 UNIVERSITY DR.  
STE. 502  
CORAL SPRINGS FL 33071**

Mailing Address  
**PO BOX 77-1210  
CORAL SPRINGS FL 33077-1210  
US**

3. Date Incorporated or Qualified <b>08/19/1992</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>65-0353544</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent  
**LOWELL, ROBERT  
210 UNIVERSITY DRIVE  
STE. 502  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE <input type="checkbox"/> DELETE	<b>D</b>
12.2 NAME	<b>LOWELL, ROBERT</b>
12.3 STREET ADDRESS	<b>210 UNIVERSITY DR. #502</b>
12.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>
12.5 TITLE <input type="checkbox"/> DELETE	
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY-ST-ZIP	
12.9 TITLE <input type="checkbox"/> DELETE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-ST-ZIP	
12.13 TITLE <input type="checkbox"/> DELETE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-ST-ZIP	

13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP
13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP
13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP

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, trustee, or agent 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 in an attachment with an address.

SIGNATURE:

*Robert Lowell*

ROBERT LOWELL

1/15/97

954-340-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)