

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90132 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 154863

1. Corporation Name

COLLECTION INFORMATION BUREAU, INC.



Principal Place of Business

202 N FEDERAL HWY
LAKE WORTH FL 33460
US

Mailing Address

202 N FEDERAL HWY
P O BOX 1467
LAKE WORTH FL 33460
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1948

4. FEI Number

59-0587168

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOENS, A.L. J
202 N. FEDERAL HWY.
LAKE WORTH FL 33460

81 Name

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

83

84 City

FL

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOENS, A L JR	<input checked="" type="checkbox"/>
STREET ADDRESS	467 SO. BEACH RD.	See Box 13
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	MOENS, CAROL ANN	
STREET ADDRESS	467 SO. BEACH RD.	See Box 13
CITY-ST-ZIP	HOBE SOUND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<input checked="" type="checkbox"/>
13 STREET ADDRESS	202 N. Federal Hwy
14 CITY-ST-ZIP	Lake Worth-FL-33460
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<input checked="" type="checkbox"/>
23 STREET ADDRESS	202 N. Federal Hwy
24 CITY-ST-ZIP	Lake Worth-FL-33460
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VP
33 STREET ADDRESS	Ronald M. Rode
34 CITY-ST-ZIP	202 N. Federal Hwy, Lake Worth
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VP
43 STREET ADDRESS	Suzanne Rode
44 CITY-ST-ZIP	202 N. Federal Hwy, Lake Worth
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	FL 33460
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)