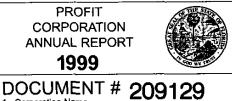
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

COLLECTION BUREAU OF ORLANDO, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90127 015 ***150.00



Mailing Address Principal Place of Business 1595 S SEMORAN BLVD PO BOX 6060 STE 1550 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32792 WINTER PARK FL 32793 3. Date incorporated or Qualifed US 01/16/1958 4 FFI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-0820690 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired _Fee Required _ 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be г Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country This corporation owes the current year Intangible □No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AUGER, JAMES J 82 Street Address (P.O. Box Number is Not Acceptable) 1595 S. SEMORAN BLVD STE 1550 83 WINTER PARK FL 32792 Zip Code 84 City 85 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) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change ☐ Addition 11 TITLE TITLE AUGER.JAMES J 1.2 NAME NAME 1595 S SEMORAN BLVD, STE 1550 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ DELETE 2.1 TITLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET AODRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 61 TITLE TITLE 6.2 NAME NAME

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.

6.3 STREET ADDRESS

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