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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 242086

1. Corporation Name

MCB COLLECTION SERVICES, INC.

FILED Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90134 050 ***150.00

Principal Place	of Business	Mailing Address	Mailing Address						
2066 14TH AVE	NUE	-2066-14TH-AVENUE-	-2066-14TH-AVENUE-						
P.O. BOX 9		P.O. BOX 9							
VERO BEACH F	L 32961-0009	VERO BEACH FL 32961-0009	VERO BEACH FL 32961-0009			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 11/17/1960		·		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		AF	oplied For	
21	The Control of the Co	26			59-0912793	.* - /	No	ot Applicable	
Suite Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional	
22 /02		27			3. Octahoda of Cialdo Boolida		Fee Re	equired	
City & State		City & State			6. Election Campaign Financing			May Be	
23		28			Trust Fund Contribution		Added	to Fees	
Zip	Country Zip Cou			у	8. This corporation owes the curre				
24	25	29 30	J		Personal Property Tax.		Yes	⊠No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	egistered Age	<u>int</u>		
ROCKHILL JOHN E.				1 Name	9]	
	SOTH COURT		82 Street Add		t Address (P.O. Box Number is Not Acceptate	ole)			
VENU	D BEACH FL 32966		8:	3					
			8	4 City		FL	B5 Zip	Code	
A Durant to the previous of Costons 607 0500 and 607 1508. Florida Statutes, the above pared 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 AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF)RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE] Change	Addition	
NAME	ROCKHILL, JOHN E.		1.2 NAME	<u>:</u>					
STREET ADDRESS	1466 50TH COURT		1.3 STRE	ET ADDRES	s			{	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-	ST-ZIP					
TITLE	VS	☐ DELETE	2.1 TITLE] Change	☐ Addition	
NAME	ROCKHILL, KAREN		2.2 NAME		1			i	
STREET ADDRESS	1466 50TH COURT		2.3 STRE	ET ADDRES	s			==[
CITY-ST-ZIP	VERO BEACH FL		2. 4 CITY	-ST-ZIP	\				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME	:					
STREET ADDRESS			3.3 STRE	ET ADDRES	s				
CITY-ST-ZIP	•		3.4. CITY-		İ			ļ	
TITLE		DELETE	4.1 TITLE			. [Change	☐ Addition	
NAME		_	4. 2 NAMI		1	, –		{	
STREET ADDRESS				- Et addres	s			-	
			4.4 CITY-	_	~			1	
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		-		Change	Addition	
			5.2 NAME			_		_ {	
NAME				ET ADDRES	s			1	
STREET ADDRESS			5.4 CITY-					1	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		+		Change	Addition	
TITLE			6.2 NAME			L.,	,		
NAME	•			ET ADDRES					
STREET ADDRESS	•							}	
CITY-ST-ZIP	•		6.4 CITY-	SI-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

4/13/59

561,567,7300 x111

Daytime Phone #