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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

BROWARD CENTRAL COLLECTION SERVICES, INC.

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FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2450 E COMMERCIAL BLVD P.O. BOX 11120 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33339 US				DO NOT WRITE IN THIS SPACE		
03					3. Date Incorporated or Qualified	301700
6 Principal B	lace of Business	2a. Mailing Address			09/14/1981 4. FEI Number	Analiad F-s
21	SOMO	26 Same			59-2116138	Applied For Not Applicable
Suite, Apt. #, etc.		Suité, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip			Count	try	8. This corporation owes or has paid the c	current year Intangible Kaliyes No
24	25 25 Name and Address of Curre		30		Personal Property Tax due June 30. 10. Name and Address of New Registere.	
W	BER, ROBERT		8	1 Name		
2450 E. COMMERCIAL BLVD.				2 Street Ad	Sance	
	LAUDERDALE FL 33308		٩	Street Ack	dress'(P.O. Box Number is Not Acceptable)	
			8	13		
			8	4 City		85 Zip Code
	10.007.00	00 1007 Appe E. M. O.			prporation submits this statement for the purpose	
SIGNATURE	m familiar with, and accept the obli	agent and title if applicable (NOTE	Flogislered A		quired when reinstating) DATE	ND DISCATORS (N. 40
12.	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	WEBER, ROBERT			1		L Glange L Addition
STREET ADDRESS	2450 E COMMERICAL BLVD)	1.2 NAM	ET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	,	1	-ST-ZIP		
TITLE		☐ DFLETE		E		Change Addition
NAME			2.2 NAM	E		
STREET AODRESS			2.3 STRE	ET ADDRESS	•	
CITY-ST-ZIP	T DE STE		2. 4 CITY - ST - ZIP 3.1 TITLE			
TITLE	-					Change Addition
NAME CYNCET ADDRESS			3 2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE	DELETE		4.1 TITLE	/-ST-ZIP		Change Addition
NAME			4. 2 NAM	AE		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		DELETE	5.1 TITLE	E		Change Addition
NAME			5.2 NAM	IE		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY		4	Change Addition
TITLE	<u> </u>		6.1 TITLE 6.2 NAM	1		□ Ollaniste □ WOON(IOII
NAME STREET ADORESS	2			ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			6.4 CITY			
14. I hereby o	certify that the information supplied	with this filing does not qualify for	the exem	nption stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information
officer or o	on this annual report or supplemen director of the comportion or the re or Block 13 if changed, or on an att	ceiver or trustee empowered to ex	rate and I xecule thi	that my signat is report as re	ture shall have the same legal effect as if made to equired by Chapter 607, Florida Statutes; and that	under oath; that I am an t my name appears in