FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

CITY-ST-ZIP

H93742 DOCUMENT # 1. Corporation Name

(5)

CARC	DL'S COLLECTION, INC.				
Principal Place	of Business	Mailing Address			4 0 0 0 10 10 0 0 0 0 0 0 1 0
4810 FIRST COAST HIGHWAY AMELIA ISLAND FL 32034		4810 FIRST COAST AMELIA ISLAND FL			
				3. Date Incorporated or Qualified 01/14/1986	3a. Date of Last Report 02/17/1995
2. Principal Pia	ne of Rusiness	2a. Mailing Addres		A COLUMN TO THE RESIDENCE OF THE PARTY OF TH	Applied For
21	CC OF CLOSIFICATO	26 30 Mars	sh Creek Rd	59-2650799	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State	toland Fi	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23	Country	28 HWELLO	150me 11 L	8. This corporation has liability for int	Added to rees
24	25	29 22034	30 Nessau	Florida Statutes Yes	_ *
=:1	9. Name and Address of Curren			10. Name and Address of New Re	gistered Agent
			81 Name		
LATIMER, ALICE MARYE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
30 MARSH CREEK RD.					
AMELIA	A ISLAND FL 32034		83		
			84 City		FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was authoriz	ed by the corporation's board	ation submits this statement for the purp d of directors. Thereby accept the appoin	ose of changing its registered office intment as registered agent. I am
SIGNATURE _	alice maryel	alynor			3-24-96
12.	Signature, typod or printed name of registered agent OFFICERS ANI		The Regulated Agent signature required 13.	ADDITIONS/CHANGES TO OFFIC	DATE OF RS AND DIRECTORS IN 12
TITLE	PSD	DELFIE	1 1 1111	7,1,20,1,0,1,0,1,0,1,0,1,0,1,0,1,1,0	Change Addition
NAME	LATIMER, ALICE M.		1.2 NAME		
STREET ADDRESS	30 MARSH CREEK RD.		1.3 STREET ADDRESS		
CITY-S1 ZIP	AMELIA ISLAND FL		1.4 Q)TY - ST - Z)P		
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition
NAME	LATIMÉR, HUGH A.		2.2 NAME		
STREET ADDRESS	30 MARSH CREEK RD.		2.3 STREET ADDRESS		
CITY-ST-7iP	AMELIA ISLAND FL	T DELETE	2 4 CHY+SI-ZIP 3 1 THE		Change Addition
TITLE			3 2 NAME		[] Onlings [] Noonis
NAME STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4 CHY S1-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		Change D Marie
TITLE		☐ DELÉTE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5 4 CHY- ST- ZIP 6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. atimes Alice Marye Latimer 3-24-96,904-261-8282 SIGNATURE: CLICA MOZIA

6.4 CHY-ST-ZIP