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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

<ol> <li>Corporation</li> </ol>	on Name	# J7318	(-)						
INSURANCE COLLECTION SERVICES, INC.  Principal Place of Business Mailing Address  SAUL FRAYND P.O. BOX 683760 MIAMI FL 33169-6306  N. MIAMI FL 33169-6306  US									
						<ol> <li>Date Incorporated or Qualified 05/18/1987</li> </ol>		e of Last I 4/17/18	
. Principal P	Place of Busine	ss	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt.	. #, etc.		26   Suite, Apt. #, etc.			65-0020097			Not Applicable
]	·		27			5. Certificate of Status Desired			5 Additional Required
City & Stat	le		City & State			Election Campaign Financing     Trust Fund Contribution			00 May Be
Zip		Country	Zip	Cour	ntry	This corporation has liability for			199.032.
		25   and Address of Curre	29	30		Florida Statutes   K Yes	i 🗌 No		10010021
	g. Ivaille	and Address of Curre	it Hegistered Agent		04 1	10. Name and Address of New F	legistered	Agent	
FRAYNI	D SAIII			!	81 Name				
Fraynd, Saul 560 N.W. 165TH Street Road				Ī	82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	VI FL 33129	TICET TIONS		}	B3		·		
					84 City			85 Zi	p Code
				ŀ	- T			1 1	
I. Pursuant	to the provision	ns of Sections 607.0502	and 607.1508, Florida Statut		<u></u>	ration submits this statement for the pur	FL roose of cha		registered office
Pursuant or register familiar wi	to the provision red agent, or b ith, and accept	ns of Sections 607.0502 oth, in the State of Flori the obligations of, Sect	and 607.1508, Florida Statut da. Such change was authoriz ion 607.0505, Florida Statutes	tes, the abov	<u></u>	ration submits this statement for the pur rd of directors. I hereby accept the app			registered offici d agent. I am
familiar wi	ith, and accept	the obligations of, Sect	ion 607.0505, Florida Statutes	tes, the abov	<u></u>	ration submits this statement for the pur rd of directors. I hereby accept the app			registered offici d agent. I am
familiar wi	ith, and accept	the obligations of, Sect printed name of registered agent	ion 607.0505, Florida Statutes	tes, the above zed by the cost.	<u></u>	d when renstating)	rpose of cha ointment as	anging its i registered	agent. I am
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SIGNATURE:

DE THE SEC.

04/25/96

(305) 945-9200