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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73184

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INSURANCE COLLECTION SERVICES, INC.

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Principal Place of Business		Mailing Address				4 IBBINIA BINI IRAAA INAN MAALIMA IRAA	Bibli gibil diali di		FIER GER
% SAUL FRAYNO 560 N.W. 165TH STREET ROAD N. MIAMI FL 33169-6305		P.O. BOX 693760 MIAMI FL 33269-0760 US							
ts. mumi is w						3. Date incorporated or Qualified 05/18/1987	3a. Date of 04/30/1		eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apı	plied For
21		26			<u></u>	65-0020097			t Applicable
Suite, Apt. 22	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		B.75 A Fee Re	dditional quired
City & State	e	City & State				6. Election Campaign Financing	_ \$	5.00	
23		28	1 0			Trust Fund Contribution		Added to	
Zip 24			30 Cou	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent		81)	11	10. Name and Address of New Re	gistered Agen	<u>t</u>	
	AYND, SAUL			וש	Name				
	N.W. 165TH STREET ROAD MIAMI FL 33129			82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
			ĺ	83					
				84	City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL 85	Zip C	ode
11. Pursuant office or ragent if a	to the provisions of Sections 607.050/ registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	utes, the abs authorized lorida Stati	oove- d by t utes.	named corporation	oration submits this statement for the p on's board of directors. I hereby accep	ourpose of char of the appointm	nging its nert as i	registered registered
DIGITATION									
	Signature, typed or pricted name of registered ager			d Agent	t signature require	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		t signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIR		
TITLE	OFFICERS AND		13. 1.1 TIT	ruf	t signature require		ERS AND DIR	ECTORS Change	S IN 12
TITLE NAME	OFFICERS AND SD FRAYND, PAUL	DIRECTORS	13. 1.1 TIT 1.2 NA	TLE			ERS AND DIR		
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SIGNATURE:

14. I do hereby certify that the information supplied with this illing do information indicated on this annual report in supplemental arrule I am an officer or director of the corporation or the receiver appears in Block 12 or Block 13 if changed, or on an attachment

CAUL (FRA

PAUL FRAYND, PRES.

04/15/97

do is not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the modal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the same legal effect as if made under oath; that the same legal effect as if made under oath; that set is empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name frent with an address.

(305)945-9200

FILED

Apr 22 1997 8:00am

Secretary of State