

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

RECEIVED 11:51

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K71881

(2)

1. Corporation Name:

INTERSTATE COLLECTION SERVICES, INC.

Principal Place of Business:

1557 CYPRESS DRIVE
JUPITER FL 33469

Mailing Address:

1557 CYPRESS DRIVE
JUPITER FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1989

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0105303

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 190.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business:

21

2a. Mailing Address:

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGGIO, ANTHONY
1000 NORTH U.S. HIGHWAY ONE
301 BERMUDA
JUPITER FL 33477

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 607.0905, Florida Statutes.

SIGNATURE

☒

Signature of Registered Agent (Required after 1993)

Signature of Registered Agent (Required after 1993)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LEGGIO, ANTHONY
STREET ADDRESS	1000 N. US HWY. ONE
CITY, ST, ZIP	JUPITER FL
TITLE	D
NAME	SZCZYRADOWSKI, ROBERT
STREET ADDRESS	1000 N. US HWY. ONE
CITY, ST, ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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 139.07(3)(b), Florida Statutes. I further certify that the information included 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. 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 of the attached or on an attachment with an address.

SIGNATURE:

Anthony W. Leggio
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR

ANTHONY LEGGIO

4-26-95

407-744-7118