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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:37

DOCUMENT # **M58161** (4)

1. Corporation Name
CERTIFIED RECEIVABLE MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**C/O THOMAS J. ALBERTSON
3501 NW 34TH TERR
LAUDERDALE LAKES FL 33309**

3. Date Incorporated or Qualified **08/28/1987** 3a. Date of Last Report **08/04/1994**

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country

4. FEI Number **65-0010151** 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
7. This corporation has liability for intangible tax under § 193.002 Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent
**ALBERTSON, THOMAS J.
3501 NW 34TH TERR
LAUDERDALE LAKES FL 33309**

10. Name and Address of New Registered Agent
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 607.0505, Florida Statutes.

SIGNATURE _____ (Print name of registered agent and the filer in the space provided.) (NOTE: Registered Agent signature required when registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTSON, THOMAS J.	1.2 NAME	
STREET ADDRESS	3501 NW 34TH TERR	1.3 STREET ADDRESS	
CITY, ST, ZIP	LAUDERDALE LAKES FL	1.4 CITY, ST, ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTSON, THOMAS J.	2.2 NAME	
STREET ADDRESS	3501 NW 34TH TERR	2.3 STREET ADDRESS	
CITY, ST, ZIP	LAUDERDALE LAKES FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information reflected 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 correct, or on an attachment with an X cross.

SIGNATURE: *Thomas J. Albertson* 6-27-95 305-731-5870
 SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR
Thomas J. Albertson, President