SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000003490 (9)

1. Corporation Name

COLLECTOL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
TA8115 NW 75 AVE TAMARAC FL 33321	P.O.BOX 770155 CORAL SPRINGS FL 33077-0155 US

3. Date Incorporated or Qualified: 11/05/1992
3a. Date of Last Report: 05/17/1994
4. FEI Number: 65-0369660 — 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 s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8115 NW 75 Ave	26
Suite, Apt #, etc. 22 TAMARAC FL	Suite, Apt #, etc. 27 P.O. Box 770155
City & State 23 FL 33321 Broward	City & State 28 Coral Springs FL
Zip 24 / Country 25	Zip 29 33077-0155 / Country 30 Brow

9. Name and Address of Current Registered Agent

FAIRBANKS, BERTA I
8115 NW 75 AVE
TAMARAC FL 33321

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: Berta Fairbanks — President / B. A. Berta Fairbanks — 7/24/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FAIRBANKS, BERTA I
STREET ADDRESS	8115 NW 75 AVE
CITY ST ZIP	TAMARAC FL
TITLE	~~Director / Vice President~~
NAME	~~Scott A Fairbanks~~
STREET ADDRESS	~~8115 NW 75 Ave~~
CITY ST ZIP	~~Tamarac, Fl 33321~~
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director / Vice President	☐ Change ☑ Addition
1.2 NAME	Scott A Fairbanks	
1.3 STREET ADDRESS	8115 NW 75 Ave	
1.4 CITY ST ZIP	Tamarac, FL 33321	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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~~

SIGNATURE: Berta Fairbanks — BERTA FAIRBANKS — 7/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0141600 FP