

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 8:31

DOCUMENT # P93000010931 (2)

1. Corporation Name

RECEIVABLES MANAGEMENT, INC.

Principal Place of Business

5419 N. STATE RD. 7
#8
TAMARAC FL 33319-2921

Mailing Address

5419 N. STATE RD. 7
#8
TAMARAC FL 33319-2921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1993

3a. Date of Last Report

08/16/1994

4. FEI Number

65-0383743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, DANIEL L
908 NW 114TH AVE.
CORAL SPRINGS FL 33071

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

Daniel L. Watson

(NOTE: Registered Agent signature required when re-registering)

DATE

3/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WATSON, DANIEL L
STREET ADDRESS	908 NW 114TH AVE.
CITY ST ZIP	CORAL SPRINGS FL 33071
TITLE	S
NAME	JURICH, JAMES E
STREET ADDRESS	908 NW 114TH AVE.
CITY ST ZIP	CORAL SPRINGS FL 33071
TITLE	VP
NAME	WATSON, M. L.
STREET ADDRESS	908 NW 114TH AVE.
CITY ST ZIP	Coral Springs FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY ST ZIP	
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 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)(h), 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:

Daniel L. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95

305/739-7339