FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000010931 (2)

1. Corporation Name

RECEIVABLES MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5419 N. STATE RD. 7 #8 TAMARAC FL 33319-2921	5419 N. STATE RD. 7 #8 TAMARAC FL 33319-2921

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 05/26/1995
4. FEI Number: 65-0383743 — ☐ 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	26 2139 University Dr
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc. 236
23 City & State	28 City & State Coral Springs FL
24 Zip / 25 Country	29 Zip 33071 / 30 Country Broward

9. Name and Address of Current Registered Agent

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

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 ____ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	SEC, VP	☒ Change ☐ Addition
3.2 NAME	WATSON, ML	
3.3 STREET ADDRESS	908 NW 114 Ave	
3.4 CITY-ST-ZIP	Coral Springs FL 33071	
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	100001880591	☐ Change ☐ Addition
6.2 NAME	-07/01/96--01039--014	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Daniel L Watson Pres — 6/24/96 — 954-346-2081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #