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

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # **P93000023659 (4)**

1. Corporation Name

NATION'S CREDIT COLLECTION SERVICES, INC.

Principal Place of Business

1290 WESTIN RD
SUITE 314
FT LAUDERDALE FL 33326

Mailing Address

1290 WESTON RD.
SUITE 314
FT LAUDERDALE FL 33326
US

3. Date Incorporated or Qualified: **03/23/1993**

3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business
21 4960 S.W. 72 Avenue
Suite, Apt. #, etc.
22 Suite 401
City & State
23 Miami, FL
Zip 24 33155 Country 25 USA

2a. Mailing Address
26 4960 S.W. 72 Avenue
Suite, Apt. #, etc.
27 Suite 401
City & State
28 Miami, FL
Zip 29 33155 Country 30 USA

4. FEI Number: **65-0405558** ☐ 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

9. Name and Address of Current Registered Agent

DONALD COHEN CPA
1290 WESTIN RD
SUITE 314
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4960 S.W. 72 Avenue, Suite 401

83

84 City: Miami **FL** 85 Zip Code: 33155

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: Donald T. Cohen Registered Agent 2/5/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, DONALD CPA 1290 WESTON RD., STE. 314 FT LAUDERDALE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition 4960 S.W. 72 Avenue, Suite 401 Miami, FL 33155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, EDWARD 4960 SW 72ND AVE SUITE 405 MIAMI FL 33155	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, DAVE 5800 SW 117TH ST MIAMI FL 33156	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition 10590 N.W. 27 Street, Suite 102 Miami, FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 000001758120 -03/26/96--01135--017 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition M.M. 3-13-96

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)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald T. Cohen, Director

2/5/96
Date

305-665-5020
Daytime Phone #

pd 3-26-1996