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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031085 (2)

Mailing Address Principal Place of Business P.O. BOX 395 WILLIAMSTOWN VT 05679 P.O. BOX 395 WILLIAMSTOWN VT 05679

FILED Mar 19 1998 8:00am Secretary of State

A & S COLLECTION ASSOCIATES, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1993 2. Principal Place of Business 2a. Mailing Address **FEI Number** Applied For 59-3179384 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired \Box Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 1xth, 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 607.05.05. Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRI CTORS 13. DELFTE ☐ Change ☐ Addition TITLE 1.1 TOTALE BARRETT, ANN-MARIE NAME 1.2 NAME CR2E034 11 AMANICKI TRAIL STREET ADDRESS 1.3 STREET ADDRESS WILLIAMSTOWN VT CITY-ST-ZIP 1.4 CiTY-ST-ZIP XOFLETE Change ☐ Addition 21 TITLE TITLE Ď NAME SALDI, ANN M 2.2 NAME 3168 TAMARIND CIRCLE STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL 34747 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 317ITt€ D_{SALDI}, RONALD L SR NAME 32 NAME WILLIAMSTOWN, VT 05679 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST-ZIP Addition DELETE Change TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME 63 STREET ADDRESS STREET ANDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing 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 suppliemental 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 orf an attachment with an address.

SIGNATURE: