

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90038 019 ***150.00

DOCUMENT # **P93000043234**

1. Corporation Name

TAMPA COLLECTIONS, INC.



Principal Place of Business

**201 N. FRANKLIN STREET
SUITE 2600
TAMPA FL 33602**

Mailing Address

**201 N. FRANKLIN STREET
SUITE 2600
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1993

4. FEI Number

59-3204128

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**SCHIFINO, WILLIAM J JR.
201 N. FRANKLIN STREET
SUITE 2600
TAMPA FL 33602**

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 **D** ☐ DELETE

NAME **REED, JAMES M.**
STREET ADDRESS **818 IDLEWOOD DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **WEINSTEIN, DAVID B.**
STREET ADDRESS **430 W. DAVIS BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **SCHIFINO, WILLIAM J. J.**
STREET ADDRESS **2408 SO. DUNDEE ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **WILLIAMS, ROBERT V.**
STREET ADDRESS **2901 STOVALL PLACE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **MANGIONE, RALPH P.**
STREET ADDRESS **3908 CORONA**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **STEADY, SCOTT I.**
STREET ADDRESS **3813 BARCELONA ST.**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1: TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2: TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY-ST-ZIP

3: TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

4: TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY-ST-ZIP

5: TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY-ST-ZIP

6: TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 CITY-ST-ZIP

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)