

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000046589 (6)**

1. Corporation Name
AMERICAN COLLECTION SERVICES, INC.

Principal Place of Business Mailing Address

**7255 ESTAPOMA CIRCLE
FERN PARK FL 32730** **7295 SESTAPOMA CIRCLE
FERN PARK FL 32730
US**

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	Zip
Country	Country
24	29
25	30

**APPROVED
AND
FILED**

93 MAY -1 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/25/1993	3a. Date of Last Report 04/28/1994
4. FEI Number 59-3213508	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

**MILLER, BARRY L
230 EAST MARKS ST.
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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]* **PRES** DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																
<table><tr><td>TITLE</td><td>President</td></tr><tr><td>NAME</td><td>GREENBERG, KEITH</td></tr><tr><td>STREET ADDRESS</td><td>7205 ESTAPOMA CIRCLE</td></tr><tr><td>CITY ST ZIP</td><td>FERN PARK FL</td></tr></table>	TITLE	President	NAME	GREENBERG, KEITH	STREET ADDRESS	7205 ESTAPOMA CIRCLE	CITY ST ZIP	FERN PARK FL	<table><tr><td>11 TITLE</td><td>PRESIDENT</td><td>☒ Change ☐ Addition</td></tr><tr><td>12 NAME</td><td>Keith Greenberg</td><td></td></tr><tr><td>13 STREET ADDRESS</td><td>274 Wilshire Blvd Suite 221</td><td></td></tr><tr><td>14 CITY ST ZIP</td><td>Casselberry Fla. 32707</td><td></td></tr><tr><td>21 TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>22 NAME</td><td></td><td></td></tr><tr><td>23 STREET ADDRESS</td><td></td><td></td></tr><tr><td>24 CITY ST ZIP</td><td></td><td></td></tr><tr><td>31 TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>32 NAME</td><td></td><td></td></tr><tr><td>33 STREET ADDRESS</td><td></td><td></td></tr><tr><td>34 CITY ST ZIP</td><td></td><td></td></tr><tr><td>41 TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>42 NAME</td><td></td><td></td></tr><tr><td>43 STREET ADDRESS</td><td></td><td></td></tr><tr><td>44 CITY ST ZIP</td><td></td><td></td></tr><tr><td>51 TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>52 NAME</td><td></td><td></td></tr><tr><td>53 STREET ADDRESS</td><td></td><td></td></tr><tr><td>54 CITY ST ZIP</td><td></td><td></td></tr><tr><td>61 TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>62 NAME</td><td></td><td></td></tr><tr><td>63 STREET ADDRESS</td><td></td><td></td></tr><tr><td>64 CITY ST ZIP</td><td></td><td></td></tr></table>	11 TITLE	PRESIDENT	☒ Change ☐ Addition	12 NAME	Keith Greenberg		13 STREET ADDRESS	274 Wilshire Blvd Suite 221		14 CITY ST ZIP	Casselberry Fla. 32707		21 TITLE		☐ Change ☐ Addition	22 NAME			23 STREET ADDRESS			24 CITY ST ZIP			31 TITLE		☐ Change ☐ Addition	32 NAME			33 STREET ADDRESS			34 CITY ST ZIP			41 TITLE		☐ Change ☐ Addition	42 NAME			43 STREET ADDRESS			44 CITY ST ZIP			51 TITLE		☐ Change ☐ Addition	52 NAME			53 STREET ADDRESS			54 CITY ST ZIP			61 TITLE		☐ Change ☐ Addition	62 NAME			63 STREET ADDRESS			64 CITY ST ZIP		
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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 110.07(9)(b), 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, upon an attachment with an address.

SIGNATURE: X *[Signature]* **S-1-95**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR