

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000042483 (5)

1. Corporation Name

ATLANTIC COLLECTION SERVICES, INC.



Principal Place of Business

Mailing Address

~~0001 PINE LAKE DRIVE~~  
~~FT. LAUDERDALE FL 33332~~

~~2240 N.W. 70TH AVE~~  
~~FT. LAUDERDALE FL 33332~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1994

4. FEI Number

65-0583285

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2240 N.W. 70TH AVE

26 2240 N.W. 70TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT D

27 UNIT D

City & State

City & State

23 DAVIE, FL

28 DAVIE

Zip

Country

Zip

Country

24 33317

25 USA

29 33317

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZALESKY, MICHELE

~~0001 PINE LAKE DRIVE~~

~~FT. LAUDERDALE FL 33332~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2240 N.W. 70TH AVENUE

83 UNIT D

84 City DAVIE

FL

85 Zip Code 33317

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ZALESKY, MICHELE  
STREET ADDRESS ~~0001 PINE LAKE DRIVE~~  
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33332~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2240 N.W. 70TH AVENUE UNIT D  
1.4 CITY-ST-ZIP DAVIE FL 33317

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

Michele Zalesky

4/28/98

954-475-4244

CR2034 (10/97)