

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

APPROVED
AND
FILED
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 28 1995
PH 2: 37
95 MAY 28 AM 8: 38 STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000049154 (5)**

1. Corporation Name

ALLIED COLLECTION ASSOCIATES, INC.

Principal Place of Business

C/O RONALD FLICKSTEIN
412 FORESTA TERRACE
WEST PALM BEACH FL 33415

Mailing Address

C/O RONALD FLICKSTEIN
412 FORESTA TERRACE
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1994

3a. Date of Last Report
NA

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
CCA 650501832-000

Applied For
Not Applicable

21. Suite, Apt #, etc.

26. Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIELDS, JOSEPH R JR
515 NORTH FLAGLER DRIVE
NORTHBRIDGE CENTER, SUITE 1450
WEST PALM BEACH FL 33401

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 the applicant

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: FLICKSTEIN, RONALD
STREET ADDRESS: 412 FORESTA TERRACE
CITY-ST-ZIP: WEST PALM BEACH FL 33415

1. TITLE Change Addition

TITLE: D
NAME: HARRIS, CHRISTOPHER
STREET ADDRESS: 2113 LK. BASS CIRCLE
CITY-ST-ZIP: LAKE WORTH FL 33461

2. TITLE Change Addition

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3. TITLE Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4. TITLE Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5. TITLE Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6. TITLE Change Addition

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(3)(k), 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 annual report with an addition.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-95 407-686-7457
DATE (Day/Month/Year)