

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

1995



1. 凡在本市行政区域内从事生产、经营活动的单位和个人，均应当依法缴纳地方教育附加。  
 2. 地方教育附加的征收率为本市行政区域内企业、事业单位、个体工商户和其他经济组织营业收入的百分之二。  
 3. 地方教育附加的征收管理，由税务部门负责。  
 4. 地方教育附加的征收，应当遵循公开、公平、公正的原则。  
 5. 地方教育附加的征收，应当纳入地方教育附加基金，专项用于本市教育事业的建设和发展。

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:33

DOCUMENT # **P94000064204 (8)**

INTERNATIONAL COLLECTION SERVICE, INC.

|                                                             |  |                                                             |  |                                                                                                                                                                      |  |
|-------------------------------------------------------------|--|-------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>3371-2 ALOUETTE CIRCLE</b><br><b>FORT MYERS FL 33907</b> |  | <b>3371-2 ALOUETTE CIRCLE</b><br><b>FORT MYERS FL 33907</b> |  | <b>BEFORE WHITE IN THIS SPACE</b>                                                                                                                                    |  |
| <b>3. Date in operation or Quashed</b><br><b>08/29/1994</b> |  | <b>3a. Date of Last Report</b>                              |  |                                                                                                                                                                      |  |
| <b>2. Date of Report Prepared</b><br><b>26</b>              |  | <b>2a. Meeting Address</b><br><b>26</b>                     |  | <b>4. FEI Number</b><br><b>65 - 0514573</b>                                                                                                                          |  |
| <b>21</b>                                                   |  | <b>26</b>                                                   |  | <b>Applied for</b><br><b>Not Applicable</b>                                                                                                                          |  |
| <b>22</b>                                                   |  | <b>27</b>                                                   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                               |  |
| <b>23</b>                                                   |  | <b>28</b>                                                   |  | <b>6. Election Campaign Financing</b><br><b>Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                  |  |
| <b>24</b>                                                   |  | <b>29</b>                                                   |  | <b>8. This corporation has liability for acceptance fees under 5-1804(2)(b)</b><br><b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> |  |

|                                                 |  |                                              |                                                    |
|-------------------------------------------------|--|----------------------------------------------|----------------------------------------------------|
| 9. Name and Address of Current Registered Agent |  | 10. Name and Address of New Registered Agent |                                                    |
| HAWLEY, MARTIN E                                |  | B1                                           | Name                                               |
| 3371-2 ALOUETTE CIRCLE                          |  | B2                                           | Street Address (P.O. Box Number is Not Acceptable) |
| FORT MYERS FL 33907                             |  | B3                                           |                                                    |
|                                                 |  | B4                                           | City                                               |
|                                                 |  |                                              | FL B5 Zip Code                                     |

11. Attached to the pre-processed sections are the company's 1992 Federal tax returns. The above named corporation certifies that statements for the purpose of developing its registered office of record are not available in the public domain, nor are they available to the corporation's board of directors. It hereby accepts the appointment as registered agent and agrees with the terms of the appointment, as set forth in the Florida Statutes.

4/5/95

| 12.            | OFFICER'S NAME (LAST, FIRST, MIDDLE) | 13.                | ADDITIONS/CHANGES TO OFFICER'S AND DIRECT SUPERVISOR'S            |
|----------------|--------------------------------------|--------------------|-------------------------------------------------------------------|
| NAME           | PSD<br>HAWLEY, MARTIN E              | 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICE ADDRESS | 3371-2 ALOUETTE CIRCLE               | 2. OFFICE ADDRESS  |                                                                   |
| CITY           | FORT MYERS FL 33907                  | 3. CITY            |                                                                   |
| STATE          | VSD                                  | 4. STATE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HAWLEY, KIMBERLY S                   | 5. NAME            |                                                                   |
| OFFICE ADDRESS | 3371-2 ALOUETTE CIRCLE               | 6. OFFICE ADDRESS  |                                                                   |
| CITY           | FORT MYERS FL 33907                  | 7. CITY            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE          |                                      | 8. STATE           |                                                                   |
| NAME           |                                      | 9. NAME            |                                                                   |
| OFFICE ADDRESS |                                      | 10. OFFICE ADDRESS |                                                                   |
| CITY           |                                      | 11. CITY           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE          |                                      | 12. STATE          |                                                                   |
| NAME           |                                      | 13. NAME           |                                                                   |
| OFFICE ADDRESS |                                      | 14. OFFICE ADDRESS |                                                                   |
| CITY           |                                      | 15. CITY           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE          |                                      | 16. STATE          |                                                                   |
| NAME           |                                      | 17. NAME           |                                                                   |
| OFFICE ADDRESS |                                      | 18. OFFICE ADDRESS |                                                                   |
| CITY           |                                      | 19. CITY           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE          |                                      | 20. STATE          |                                                                   |
| NAME           |                                      | 21. NAME           |                                                                   |
| OFFICE ADDRESS |                                      | 22. OFFICE ADDRESS |                                                                   |
| CITY           |                                      | 23. CITY           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE          |                                      | 24. STATE          |                                                                   |

14. I hereby certify that the information supplied with this filing is correctly transcribed and there is nothing for the transcription officer to do on 11/19/77. (b)(6) I, Donald S. Johnson, further certify that the information furnished on this document is of confidential, internal, private and accurate nature and that my signature shall have the same legal effect as if made under oath. That I am, as of the date of this communication, the record or records are represented to contain this report as indicated by (b)(6) and (b)(7)(C) Donald S. Johnson, and that my name appears in Block 1 of Block 1 of changed and/or other listed and/or address.

SIGNATURE:  MARTEN E. HAWLEY, Pres. 4/6/95 (813) 371-3555