

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000064204 (8)

1. Corporation Name

INTERNATIONAL COLLECTION SERVICE, INC.



Principal Place of Business

3371-2 ALOUETTE CIRCLE
FORT MYERS FL 33907

Mailing Address

3371-2 ALOUETTE CIRCLE
FORT MYERS FL 33907

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0514573

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

HAWLEY, MARTIN E
3371-2 ALOUETTE CIRCLE
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

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

15 Crossroads, Suite #291

83

84 City

Sarasota,

FL

85 Zip Code

34239

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 of the person making this statement (Typed name of agent)

Signature of Registered Agent (Typed name of agent)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-STATE-ZIP	1.4 CITY-STATE-ZIP
2. TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-STATE-ZIP	2.4 CITY-STATE-ZIP
3. TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-STATE-ZIP	3.4 CITY-STATE-ZIP
4. TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-STATE-ZIP	4.4 CITY-STATE-ZIP
5. TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-STATE-ZIP	5.4 CITY-STATE-ZIP
6. TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-STATE-ZIP	6.4 CITY-STATE-ZIP

PSD
HAWLEY, MARTIN E
3371-2 ALOUETTE CIRCLE
FORT MYERS FL 33907
VSD
HAWLEY, KIMBERLY S
3371-2 ALOUETTE CIRCLE
FORT MYERS FL 33907

Suzanne M. Carrier

15 Crossroads, Suite #291
Sarasota, FL 34239

15 Crossroads, Suite #291
Sarasota, FL 34239

Vice President of Operations
SUZANNE M. CARRIER

15 Crossroads, Suite #291
Sarasota, FL 34239

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 119.07(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 of this report as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-96

(941)371-3555

CR2E034 (12/95)