

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

**FILED**

**Apr 20 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 # P94000068179 (8)**  
1. Corporation Name  
**USA COLLECTIONS GROUP, INC.**



Principal Place of Business Mailing Address  
111 1/2 E LANTANA RD LANTANA FL 33462  
111 1/2 E LANTANA RD LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **6100 S. Dixie Hwy.**  
22 **#4.**  
23 **WPB, FL.**  
24 **33405**

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**09/13/1994**

4. FEI Number  
**65-0517699**

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

9. Name and Address of Current Registered Agent  
**RECALT, ARNIE**  
**1110 SOUTH LAKE DR. #3**  
**LANTANA FL 33462**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3800 Washington Dr. #805**  
83  
84 City **WPB. Fla** FL 85 Zip Code **33405**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, if applicable (NONE) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P RECALT, ARNIE</b>	1.2 NAME	
STREET ADDRESS	<b>1100 SOUTH LAKE DR. #3</b>	1.3 STREET ADDRESS	<b>3800 Washington Dr. #805</b>
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	1.4 CITY-ST-ZIP	<b>WPB, FL 33405</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

ARNIE RECALT  
3800 WASHINGTON DR. #805  
WPB, FL 33405

100002493421  
-04/20/98-01006-023  
\*\*\*158.75

25  
4.20

14. I hereby certify that the information supplied with this form 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 language 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 incorporator or the person 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 attached statement of address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)