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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014361

1. Corporation Name

RIVERBANKS COLLECTION, INC.

Principal Place of Business Mailing Address) 10041004 II & 20101 Billi Belli Offit Colle Colle Colle Circle Circle Circle Collection Collection
3205 MANATEE AVENUE W BRADENTON FL 34205 US		3205 MANATEE AVENUE W BRADENTON FL 34205 US			DO NOT WRITE IN THIS SPACE
•					3. Date Incorporated or Qualified 01/30/1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
z. Filicipal Flace of dusiness		26			65-0555104 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ \$8.75 Additional
22		27	27		5. Certifcate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23					Trust Fund Contribution Added to Fees
Zip 24	Country Zip C		Country		8. This corporation owes the current year Intangible Personal Property Tax.
£4	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered Agent
			81	Name	
Green, Gloria J 2806 42ND St. East			82	Street Ad	Address (P.O. Box Number is Not Acceptable)
	DENTON FL 34208		83		
Olivi	52/1/01/12 01200	- 1	00		
	•		84	City	FL 85 Zip Code
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth ations of, Section 607.0505, Florida	onzeo by a Statutes	the corpor	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agr		13.	t signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		ND DIRECTORS	1.1 TITLE	 -	Change Addition
	P Green, Gloria J	3 5222.10	1.2 NAME		_ ,
NAME	ACCO ACUID OF FACT		1.3 STREET	TADDRESS.	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			1.4 CITY-S		
CITY-ST-ZIP TITLE	DIADLITION I L 34200	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY+ST+ZIP			2. 4 CITY-5	ST-ZIP -	, , , , , , , , , , , , , , , , , , ,
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	TADORESS	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME	1	
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY-ST-ZIP	•		4.4 CITY-S	T- ZIP	·
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	E		5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition f
NAME			6.2 NAME		•
STREET ADORESS			6.3 STREE	T 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, with all other like empowered.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90028 018 ***150.00