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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000014697 (3)

ALLSTATE BILLING & COLLECTION, INC.

| | | | | | 89 01 110 1 21 11 10 21 11 0 12 11 13 11 12 11 |
|--|---|--|--|--|---|
| Principal Plac | e of Business | Mailing Address | | I INDINDOI LID KOIDH GLILL ADURN BRINK DEFIN | DBIBLI IIDIL BIBIB BILLO IBILI IBBI IBBI |
| 1559 CYPRESS DR. 1559 CYPRESS DR. BERMUDO 301 > BERMUDO 301 - JUPITER 33 33469 JUPITER 33 33469-3137 | | | | | |
| US US | | | 3. Date Incorporated or Qualified 02/22/1995 | 3a. Date of Last Report 08/05/1996 | |
| | Place of Business | 2a. Mailing Address | Acre Dave | 4. FEI Number | Applied For |
| 21 /55 Sulte, Apt. | | 26 1559 Cyp, Suite, Apt. #, etc. | ess Drive | 65-0576968 | Not Applicable \$8.75 Additional |
| 22 | • | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | iter, FLORIDA | City & State 28 July 1 TEC. | FLORIDA | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 33° | Country | Zip 33469 | Bountry 30 U.S | B. This corporation has liability for in Florida Statutos | ntangible tax under s. 199.032, Yes \(\sum \) No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Reg | istered Agent |
| | COLO, DAVID M | | 81 Name | | |
| 900 E INDIANTOWN RD 82 Street / | | | | Address (P.O. Box Number is Not Acceptable) | |
| | PITER FL 33477 | | 63 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | | FL () |
| 11. Pursuant office or i | to the provisions of Sections 607,0502 registered agent, or both, in the State of | and 607,1508, Florida Statut f Florida. Such change was : | es, the above-named co authorized by the corpor | orporation submits this statement for the pration's board of directors. I hereby accep | urpose of changing its registered the appointment as registered |
| 1 | am familiar with, and accept the obligati | ons of, Section 607.0505, Fli | orida Statutes. | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOT | E Registored Agent signature req | guired when reinstaling) | DATE |
| 12, | OFFICERS AND | | 18. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | DPVS LEGGIO, ANTHONY W | DELETE | 1.1 TITLE | DANS PRINCIPLE (1) | Change Addition |
| NAME STREET ADDRESS | 1557 CYPRESS DR | | 1.2 NAME 1.3 STREET ADDRESS | LEGGIO. ANTHONG. W 559 CYPRESS DEIVE SUPITER, FLORIDA- | : |
| CITY-ST-ZIP | JUPITER FL 33469 | | 1.4 CITY-ST-ZIP | SUPPLE FLORIDA - | 33469 |
| TITLE | | DELETE | 2.1 TILLE | | Change Addition |
| NAME | } | | 2.2 NAME | | Í |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | T Street | 2. I CITY - ST- ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | L. Change L. Addition |
| NAME Street address | | | 3.2 NAME 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ì | | 3.4, CITY-ST-ZIP | | } |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | 1 | | 4.3 STREET ADDRESS | | ĺ |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | 1 | | 5.3 \$TREE1 ADDRESS | | j. |
| | <u> </u> | | | | \ |
| CITY-ST-ZIP | | DELETE | 5.3 STREET ADURESS 5.4 ÇITY-ST-ZIP 6.1 TRLE | | Change Addition |

14. I do 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 applications and that my signature shall have the same legal effect as if made under eath; 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.

SIGNATURE:

FILED

May 08 1997 8:00am

Secretary of State

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