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

DOCUMENT # P95000028513 (6)

1. Corporation Name FEDERAL COLLECTION COMPANY Principal Place of Business 920 NE 13TH ST. FT. LAUDERDALE FL 33304 Mailing Address 920 NE 13TH ST. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304			1-2010		
				3. Date Incorporated or Qualified	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		NOT APPLICABLE Not Applice	
Suite, Apt	. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Ζip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032	
24	25 9. Name and Address of Curre		30	Floride Statutes Yes No 10. Name and Address of New Registered Agent	
11/	RETH, EDWARD R	nt Registerea Agent	81 Name		
	D NE 13TH ST.		Kat	ie G. Burnett-Barnes	
	LAUDERDALE FL 33304		920 Street	Address (P.O. Box Number is Not Acceptable) NE 13 Street	
			83		
			84 City	t Lauderdale FI 85 Zip Code 33304	
			For		
SIGNATURE	Signature 1/A d or printed name of registered ag	in and title if applicable (NOTE	: Registered Agent signature		
12.	OFFICERS AN	ND DIFFECTORS X DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D	
TITLE NAME	MORETH, EDWARD R	LAS DELETE	1.2 NAME	Burnett-Barnes, Katie G.	
STREET ADDRESS	ANA NE SATU OT		1.3 STREET ADDRESS	920 NE 13 Street	
C(fY+S1-7IP	FT. LAUDERDALE FL 33304		1.4 CITY - ST - ZIP	Fort Lauderdale, FL 33304	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Add	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-7iP		Tecter	2 4 CITY+ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Add	
NAME			3.2 NAME		
STREET ADDRESS COTY - ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-S1-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change Add	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Add	
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Add	
NAME		E Dictio	6.2 NAME	الماريخ	

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 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 changed, or on an attackment with an address.

4-30-97

954-462-0000 4-30-97 954-462-0000

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

City-St-ZiP

Date

FILED

May 16 1997 8:00am

Secretary of State

Daytime Phone #