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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000028513

FEDERA	L COLLECTION COMPAN	Y					į				
Principal Place of Business Mailing Address											
920 NE 13TH ST. 920 NE 13TH ST. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304								DO NOT WRITE IN THIS SPACE			
								Date Incorporated or Qualifed 04/07/1995			
2. Principal P	ace of Business	2a. Mailir	2a. Mailing Address				4.	FEI Number		Applied For	
21		26						NOT APPLICABLE	40.7	Not Applicable	
Suite, Apt.	#, etc.	Suite,	, Apt. #, etc.				5.	Certifcate of Status Desired	~	5 Additional Required	
City & State	е ,	28 City 8	City & State				6.	Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country Zip			Country			8.	This corporation owes the current ye		—	
24	25	29	3	0				Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curr	ent Registered	Agent		31	Name	10.	Name and Address of New Regist	ered Agent		
KOBYARZ, P 920 NE 13TH ST FT LAUD FL 33309				8	1 1		Address (F 920	an Test P.O. Box Number is Not Acceptable) NE 13 Street t Lauderdale, FL 33	2304		
				8	34	City	TOL	c ladderdale, iii 3		ip Code	
11. Pursuant office or ragent. I a	JUSTU / FIST		POXI					on submits this statement for the purposoard of directors. I hereby accept the	ose of changing appointment as	its registered registered	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe						signature re		ADDITIONS/CHANGES TO OFFICER	TE AND DIDEC	TORS IN 12	
12.	D	AND DIRECTOR	DELETE	13.	 F	ע		dward Moreth	☐ Chan		
NAME	BURNETT-BARNES, KATIE G	—			1.2 NAME		-		_	Λ	
STREET ADDRESS	AND NET ANTIL OF			10 000000000000000000000000000000000000		_	NE 13 Street				
	ET LAUDEDDALF EL				1.4 CITY-ST-ZIP		Fort	Lauderdale, FL 3330)4		
CITY-ST-ZIP	P DELETE			2.1 TITLE				······································	☐ Chan	ge 🗌 Addition	
NAME	KOBYARZ, P			2.2 NAME							
STREET ADDRESS	TOO ARM AT OT				2.3 STREET ADDRESS						
CITY-ST-ZIP	CORAL SPGS FL 33065			2.4 CITY	Y-ST	-ZIP					
TITLE			☐ DELETE	3.1 TITLE					☐ Chan	ge 🔲 Addition	
AIAME				3.2 NAM	Œ						

5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CiTY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

□ DELETE

☐ DELETE

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.

SIGNATURE:

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90168 009 ***150.00

☐ Change

☐ Change

Addition

Addition