

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030642 (9)

1. Corporation Name

NATIONAL BUREAU COLLECTION CORP.



Principal Place of Business

9188 NORTE LAGO
APT. 4B
BOCA RATON FL 33428

Mailing Address

9188 NORTE LAGO
APT. 4B
BOCA RATON FL 33428

3. Date Incorporated or Qualified
04/13/1995

3a. Date of Last Report
First one

2. Principal Place of Business

2a. Mailing Address

21 2600 N. Military Trail,
Suite, Apt. #, etc.

26 9572 Lake Serena Drive
Suite, Apt. #, etc.

22 230
City & State

27
City & State

23 Boca Raton, FL
Zip Country

28 Boca Raton, FL
Zip Country

24 33431
Zip

25 USA
Country

29 33496
Zip

30 USA
Country

4. FEI Number

11-3268215

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROMBERG, MICHAEL
9188 NORTE LAGO
APT. 4B
BOCA RATON FL 33428

81 Name

JONATHAN BLOOM

82 Street Address (P.O. Box Number is Not Acceptable)

9572 Lake Serena Drive

83

84 City

Boca Raton

FL

85 Zip Code

33496

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

Jonathan Bloom - JONATHAN BLOOM - PRESIDENT

4/15/96

Signature of individual or printed name of registered agent and their title (lower)

(505) Registered Agent Signature required when registering

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P BLOOM, JONATHAN
8 BARSTOW RD., APT. 4G
GREAT NECK NY 11021

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VST BLOOM, NEL R
8 BARSTOW RD., APT. 4G
GREAT NECK NY 11021

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

BLOOM, Jonathan
PRESIDENT
9572 Lake Serena Drive
Boca Raton, FL 33496

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VST
BLOOM, NEL R
9572 Lake Serena Drive
Boca Raton, FL 33496

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

800001787858
-04/21/96--01003--018
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is 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.

SIGNATURE:

Jonathan Bloom / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

407-997-5576

Date

Daytime Phone #

CR2E034 (12/95)