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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 # P95000030642

1. Corporation Name

NATIONAL BUREAU COLLECTION CORP.

Principal Plac	Mailing Address				T COMMONITY OF THE POINT OF THE					
21845 POWERLINE ROAD 9572 LAKE SERENA DRIVE #207 BOCA RATON FL 33496										
BOCA RATON	FL 33433	000A HATON 12 30430				DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporate 04/13/1995			*	
2. Principal F	Place of Business	2a. Mailing Address							Applied For	ᅴ
21		26				11-3268215		\vdash	Not Applicable	↲
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.7	5 Additional	$\dot{\dashv}$
22		27				5. Certifcate of State	us Desired 🔲		e Required -	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contr			led to Fees	ł
Zip Country		Zip Country					owes the current year In			\dashv
24	25	29 30			ĺ	Personal Property Tax.				
	9. Name and Address of Current		<u>, </u>				ess of New Registered	Agent		\exists
			8	1 Nan	ne			_		
	OM, JONATHAN	82 Stree				- (D.O. Or. 1)				\dashv
	2 LAKE SERENA DRIVE		Stre	Street Address (P.O. Box Number is Not Acceptable)						
BOO	CA RATON FL 33496		8:	3						
			84	City			FL	85 2	Zip Code	7
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the abov	/e-nam	ed corpora	ation submits this state	ment for the nurnose of	f changing	its registered	\dashv
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	orized by	the co	rporation'	's board of directors. I	hereby accept the appo	intment a	s registered	
SIGNATURE							,			
				int signatu	re required w	rhen reinstating)	DATE			4
TITLE	p OFFICERS AND	DELETE	13.			ADDITIONS/CHAN	IGES TO OFFICERS A			_
NAME	BLOOM, JONATHAN		1.1 TITLE			•	•	Char	nge	"
	0070 LAVE 0000114 DDIVE		1.2 NAME							
STREET ADDRESS	BOCA RATON FL 33496		1.3 STREE		SS					
CITY-ST-ZIP TITLE	VST	□ OELĘTĘ	1.4 CITY-5	ST-ZIP						\dashv
			2.1 TITLE				•	☐ Chan	ige Addition	n۱
NAME	BLOOM, NEL R		2.2 NAME		ŀ	•			\	
STREET ADDRESS	9572 LAKE SERENA DRIVE		2.3 STREE	TADDRE	SS		•		•	V
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-	ST-ZIP		<u> </u>				山
TITLE		☐ DELETE	3.1 TITLE		1			" Chan	ge 🔲 Addition	n
NAME			3.2 NAME		1					
STREET ADDRESS			3.3 STREE	TADDRES	ss					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE			•		☐ Chan	ge 📋 Addition	n
NAME		į	4. 2 NAME							
STREET ADORESS			4.3 STREE	TADORES	ss					
CITY-ST-ZIP		<u></u>	4.4 CITY- S	T-ZIP						\Box
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NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADORES	s					
CITY-ST-ZIP		<u>-1</u>	5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Chan	ge 🔲 Addition	η
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADDRES	s					
			-							

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: