Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90055 035 \*\*\*150.00

## 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 # P9500053405

1. Corporation Name

	COLLECTION, INC.	Molling Address		····				
Principal Place		Mailing Address						
2411 NO. FEDERAL HIGHWAY DELRAY BEACH FL 33483 DELRAY BEACH FL 33483		AY		DO NOT WRITE IN	N THIS SPACE			
					3. Date ir corporated or Qualifed	11110017102		Ì
					07/01/1995			
2 Principa Pi	lace of Business	2a, Mailing Address			4. FEI Number	A	priled For	l
21	ideo di Basiness	26			59-3323150		ot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		_	\$8.75	A Iditional	1	
22		27		_	5. Certificate of Status Desired	Fee R	equired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	tc Fees	
Zip	Country	Zip	Countr	y	8. This corporation owes the current y		, =	
24	25	29	30		Persor al Property Tax.	Yes		1
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	stered Agent		1
049	INO CAIONADA		81	Name				
	INO, SAIONARA		82	Street Acd	ress (P.O. Box Number is Not Acceptable)			1
2411 NO. FEDERAL HIGHWAY DELRAY BEACH FL 33483			ļ <u>.</u>					1
DELI	HAT BEAUTI PE 33463		83	<b>5</b>				1
		`	84	1 City		85 Zip	Code	1
				1		FL   00   2-10	internal	-
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligat	of Florida. Such change was at	utrorized dy	/ ine corpora ii	poration submits this statement for the purp ion's board of cirectors. I hereby accept the	appointment as re	eg stered	
SIGNATURE		4107			- Control of the Cont	IATE		_ ا
42	Signature, typed or printed name of registered agent and title if applicable (NOT:  OFFICERS AND DIRECTORS		13.	ent signature require	ADDITI()NS/CHANGES TO OFFICE			ļ ģ
12.	D	DELETE	1.1 TITLE		ADDITION NOT NOT DECEMBER 100 DIT 100		OF'S IN 12	1 9
NAME	•			I .		☐ Change	OF:S IN 12 Addition	11/6
STREET ADDRESS						☐ Change		(41/08)
STREET ADDRESS	SABINO, CARLOS		1.2 NAME			☐ Change		
OITY OF TID	2411 NO. FEDERAL HIGHWAY		1.2 NAME 1.3 STREE	ET ADDRESS		☐ Change		DOE034 /11/6
CITY-ST-ZIP	2411 NO. FEDERAL HIGHWAY DELRAY BEACH FL 33483	DELETE	1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRESS		☐ Change		
TITLE	2411 NO. FEDERAL HIGHWAY DELRAY BEACH FL 33483 D		1.2 NAME 1.3 STREE	ST-ZIP			Addition	
TITLE NAME	2411 NO. FEDERAL HIGHWAY DELRAY BEACH FL 33483 D SABINO, SAIONARA		1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZIP			Addition	
TITLE  NAME  STREET ADDRESS	2411 NO. FEDERAL HIGHWAY DELRAY BEACH FL 33483 D SABINO, SAIONARA 2411 NO. FEDERAL HIGHWAY		1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2 2 NAME 2 3 STREE	ET ADDRESS ST-ZIP ET ADDRESS			Addition	
TITLE NAME	2411 NO. FEDERAL HIGHWAY DELRAY BEACH FL 33483 D SABINO, SAIONARA		1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS			Addition	
TITLE NAME STREET ADDRE'S CITY-ST-ZIP	2411 NO. FEDERAL HIGHWAY DELRAY BEACH FL 33483 D SABINO, SAIONARA 2411 NO. FEDERAL HIGHWAY	☐ DELETE	1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	☐ Addition	
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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 a light empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

City-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR I MINTED JAME OF SIGNING OFFICE! OR DIRECTOR

Addition

☐ Change