

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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # P95000067540 (1)

1. Corporation Name

TTTI COLLECTION CORPORATION

Principal Place of Business

5401 WEST KENNEDY BLVD
--751--
TAMPA FL 33609
US

Mailing Address

P O BOX 2861
--SUITE 1240--
ST PETERBURG FL 33731-2861
US

2. Principal Place of Business

21 State, Apt. #, etc.
22 SUITE 751
City & State

23 Zip
24 Country

25
9. Name and Address of Current Registered Agent

GILES, JOEL B
200 CENTRAL AVENUE
--SUITE 2000--
ST. PETERSBURG FL 33701

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip
29 Country

30

3. Date Incorporated or Qualified
08/29/1995

3a. Date of Last Report
03/06/1996

4. FFI Number
59-3331949

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83 SUITE 2300
84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent to the person named below and to effect the change of name of the corporation as required by Section 607.0505, Florida Statutes.

SIGNATURE: *Joel B. Giles*
JOEL B. GILES;
DATE: February 26, 1997

12. OFFICERS AND DIRECTORS

11 NAME
12 DPST
13 WOOD, RENE' M
14 5401 WEST KENNEDY BOULEVARD, SUITE 751
15 TAMPA FL

16 CITY, ST., ZIP

17

18 NAME

19 ADDRESS

20 CITY, ST., ZIP

21

22 NAME

23 ADDRESS

24 CITY, ST., ZIP

25

26 NAME

27 ADDRESS

28 CITY, ST., ZIP

29

30 NAME

31 ADDRESS

32 CITY, ST., ZIP

33

34 NAME

35 ADDRESS

36 CITY, ST., ZIP

37

38 NAME

39 ADDRESS

40 CITY, ST., ZIP

41

42 NAME

43 ADDRESS

44 CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY, ST., ZIP

18 NAME ☐ Change ☐ Addition

19 NAME

20 STREET ADDRESS

21 CITY, ST., ZIP

22 NAME ☐ Change ☐ Addition

23 NAME

24 STREET ADDRESS

25 CITY, ST., ZIP

26 NAME ☐ Change ☐ Addition

27 NAME

28 STREET ADDRESS

29 CITY, ST., ZIP

30 NAME ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY, ST., ZIP

34 NAME ☐ Change ☐ Addition

35 NAME

36 STREET ADDRESS

37 CITY, ST., ZIP

38 NAME ☐ Change ☐ Addition

39 NAME

40 STREET ADDRESS

41 CITY, ST., ZIP

14. I declare under oath that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information is true and correct and that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a duly authorized 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 and address are as follows: RENE M. WOOD; 2/24/97; (813) 286-8680

SIGNATURE: *René M. Wood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0385106