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

PROFIT CORPORATION **ANNUAL REPORT** 1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000067540 (1)

TITI COLLECTION CORPORATION

98 MAY -1 AM 11: 12

FILED



Principal Place of Business Mailing Address						_				
5401 WEST KENNEDY BLVD STE 751 TAMPA FL 33609 US				P O BOX 2861 ST PETERBURG FL 33731-2961 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1995		
2.	, Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For	
21				26				59-3331949	Not Applicable	
22	Suite, Apt. #, etc.			Suito, Apl. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Country ZIP 25 29 30				Count 30	ntry 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No				
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
GILES, JOEL 8 200 CENTRAL AVENUE STE 2300 ST. PETERSBURG FL 33701					8	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code				
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										
יוס	Signature, typed or puntest mane of tegestered age at and the it applicable (NOT). Registered Agent signature required when reinstating) DATE									

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **DPST** TITLE DELETE 70000251325 Change Addition 1.1 TITLE WOOD, RENE' M NAME 1.2 NAME -05/06/98--01064--012 5401 WEST KENNEDY BOULEVARD, SUITE 751 STREET ADDRESS 1.3 STREET AUDRESS ****150.00 ****150.00 TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITL€ Change __ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE TITLE 6.1 TITLE Addition Change NAME 6.2 NAME STREET ADDRESS

14. Thereby 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 emporements because this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pranged of Quan attaching with an address

6.3 STREET ADDRESS

64 CITY-ST-ZIP