PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90080 007 ***150.00

DOCUMENT # P95000070401

1. Corporation Name...

US

AFFILIATED COLLECTION SERVICE OF FLORIDA, INC.

Principal Place of Business

1001 SOUTH MYRTLE AVENUE #12
CLEARWATER FL 33767

2. Principal Place of Business

Mailing Address

P.O. BOX 3596 CLEARWATER FL 33756

2a. Mailing Address

Suite Ant # etc

US

26



Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1995

59-3332986

4. FEI Number

Suite, Apt.	#, etc.	27	, 0.0.			5. Certifcate of Status Desired		Fee Rec	quired	
City & State	e	City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 r		
23	28								71663	1
Zip					8. This corporation owes the current year Intangible Personal Property Tax.					
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	y, Name and Address of Current	Registered Agent		81	Name	10, Hame and Fiduces of Hear				1
BURIAN, CARL B 640 S. BAYWAY BLVD., #102					, , ,					ļ
					Street Addres	ss (P.O. Box Number is Not Accep	table)			
CLEARWATER FL34830 33767				83						
				84	City			85 Zip C	ode	1
				-	•		<u>FL</u>	. `		
41. Pureuant 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	Signature, typed or printed name of registered agent :	and title if applicable.	(NOTE: Register	red Ager	t signature required v	when reinstating)	DATE] 2
12.	OFFICERS AND		1:	3.		ADDITIONS/CHANGES TO O	FICERS AN	D DIRECTO	RS IN 12]
TITLE	P		DELETE 1.1	TITLE				Change	Addition	3
NAME	BURIAN, CARL B			NAME						3
,	STREET ADDRESS 640 S. BAYWAY BLVD., #102				ADDRESS					6
CITY-ST-ZIP				CITY-S	T-ZIP					} 6
TITLE	TS		DELETE 2.1	TITLE				Change	Addition	١,
NAME	DELORES P BURIAN		2.2	NAME	1					-
STREET ADDRESS	640 S BAYWAY BLVD 102		2.3	STREET	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		2.4	CITY-5	ST-ZIP					1
TITLE	D			TITLE				Change	☐ Addition	}
NAME	STEPHEN E WILLIAMS		3.2	NAME						
STREET ADDRESS	130 MARINA DEL REY CT				ADDRESS					}
CITY-ST-ZIP					T-ZIP					Ì
TITLE				TITLE		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	1
NAME		· —	4.3	2 NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				CITY-S						{
TITLE				TITLE				Change	Addition	1
NAME				NAME	-				•	
STREET ADDRESS	,		5.3	STREE	TADDRESS					
CITY: ST: ZIP			5.4	CITY-S	T-ZIP	_				
TITLE		- 	DELETE 6.1	TILE"	-=	ويت		Change	Addition	=
NAME			- 6.2	NAME		•				
STREET ADDRESS		•	6.3	STREE	TADDRESS	· ====================================	•			
1			6.4	CITY-S	T-ZIP	e e				
CITY-ST-ZIP	t									_

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 regulated 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

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

esident 4-5-99 727
Date Days

Daytime Phone #