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

CORPORATION ANNUAL REPORT

Sandra B. Mortham

		JAL REP 1998	ORT	TEL.	Secretary of State DIVISION OF CORPORATIONS			Secretary of State					
DOCUMENT # P9600030960 (4) COMPREHENSIVE RECEIVABLES MANAGEMENT CORP.													
Principal Place of Business Mailing Address													
2413 BAYSHORE BLVD. STE. 1505 TAMPA FL 40000- 33629 US					2413 BAYSHORE BLVD. STE. 1505 TAMPA FL 28009 33629 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
Principal Place of Business The Principal Place of Business					2a. Mailing Address 26				4. FEI	1/03/1996 Number 59-3444781			plied For t Applicable
22	Suite, Apt.	#, etc.		F¬	Suite, Apt. #, etc.				-	rtificate of Status Desired		\$8.75 A	
	City & State				City & State				6, Election Campaign Financing \$5.00 May Be				
23	7:-		Country	Zip Country				Trust Fund Contribution Added to Fees					
24	Zip	Country Zip C 25 29 30							8. This corporation owes or has paid the current year Intanable Personal Property Tax due June 30. Yes No outs				
		g, Name	and Address of Cur							me and Address of New Reg			
KELLY, JUDI M MS.							81	Name	N	'IA NIA	r		ļ
2413 BAYSHORE BLVD.							82	Street Addr	ess (P.O.	Box Number is Not Acceptable	Θ)		
STE. 1505 TAMPA FL 33609							63			 			
Traini A LE 00009							84	City				85 Zip C	odo
											FL		
11	 Pursuant f office or re 	to the provis	ions of Sections 607.0 jent, or both, in the St	502 and 607. ate of Florida.	1508, Florida Statutes Such change was au	s, the ab ithorized	ove by	 named corp the corporation 	oration su on's boar	d of directors. I hereby accept	rpose of a	changing its sintment as i	registered registered
	_	m laoniliar w	ith, and accept the ob	ligations of, S	ection 607.0505, Flori	ida Statu	~	//.	to Da	el Aunt as		as U	<i>い</i> .
Si	GNATURE 7	Signature typed or printed name of equations apent and title diapplicable. INCITE Registered Agent						nt signature requir	d when reins		DATE	1	
12						13.			ADD	ITIONS/CHANGES TO OFFICE			
NAME KELLY, JUDI M MS								1.1 TITLE 1.2 NAME			,	Change	☐ Addition
1	WEET ADDRESS					ADDRESS							
	STREET ADDRESS 2413 BAYSHORE BLVD., #1505 CITY-ST-ZIP TAMPA FL							T - ZIP					
TITI	.E				DELETE							Change	Addition
1	AME				2.2			1					{
	EET ADDRESS							ADDRESS					
	CITY-ST-ZIP TITLE							ST-ZIP				Change	[] Addition
NAJ						3 1 TIT						onengo	C
	EET ADDRESS							ADDRESS					
1	Y-ST-ZIP					3 4. CI7		1					1
TIT	.E				DELETE	4.1 1110	.E					Change	Addition
NA	AE					4. 2 NA	ME						
ĺ	EET ADDRESS							ADDRESS					
CIT	Y-ST-ZIP				DELETE	4.4 CIT	_	T-ZIP				Change	Addition
NA	1				billie	5.2 NA		}				Undrige	☐ Monton
1	EET ADDRESS							ADDRESS					
ı	Y-ST-ZIP					5.4 CIT							
TITA					DELETE	6.1 TITE						Change	Addition
NAN	AE					6.2 NAX	ИE						
STR	EET ADDRESS					6.3 STR	EET A	ADDRESS					

14. Thereby certify that the information supplied with this filling 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.

813 360 9245

FILED

May 01 1998 8:00am