PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069361 1. Corporation Name

J. EIDEM COLLECTION CORP.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90040 017 ***158.75



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Principal Place	of Business	M	ailing Address		_		# 1000110001 1100 10110 05111 050141 00141	I DDIIH BBIKD DIKID		JIIO JIOL TEOL	
7441 WAYNE AVENUE, SUITE SC 7441 WAYNE AVENUE, SUITI				TE 50							
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141						}	DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
	· ·						08/20/1996				
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		App	lied For	
21	200 01 20011.000	26	,				65-0718569			Applicable	
Suite, Apt.	#;etc		Suite, Apt. #; etc			ب جيون	5. Certificate of Status Desired	~~ ·	8.75 A	dditional	
22	• .	27					5. Certificate of Status Desired		Fee Red	quired	
City & State			City & State				6. Election Campaign Financing		\$5.00 h	-	
23		28			.		Trust Fund Contribution		Added to	Fees	
Zip	Country		Zip D	Cour	ntry		8. This corporation owes the curre			□No	
24	25	29		30			Personal Property Tax. 10. Name and Address of New Re				
	9. Name and Address of Current				•						
FELC	DENKRAIS, MICHAEL				81 Name	ED	<u> </u>	3,00 <u>1</u>	1 CH	<u> </u>	
12000 BISCAYNE BLVD					82 Street	Addres	ss (P.O. Box Number is Not Accepted	ole)			
SUITE 220					83		WAYNE K. S.				
NO I	MIAMI FL 33181			ļ				T-			
	•				84 City	4i	ANI BEACH	FL ^l	3 3 3	141	
11. Pursuant	to the provisions of Sections 607.0502	2 and 6	07.1508, Florida Statute	s, the ab	ove-named	corpor	ation submits this statement for the	urpose of cha	inging its r	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 agen	t and title	if applicable. (NOTE:	<u>-</u>	Agent signature	w benuper	vhen reinstating)	DATE	-		
12.	OFFICERS AN	D DIRE		13.		+ 0 c	ADDITIONS/CHANGES TO OFF		Change	Addition	
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CITY-ST-ZIP					Y-81-ZIP)	1				Ì	
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14. I hereby certify that the information supplied with this filing does not qualify for the emption 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 muster 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 all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR