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Apr 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000072193 (1)

1. Corporation Name

DEMURRAGE COLLECTION SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4782 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE FL 33319		Mailing Address 4782 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE FL 33319	
2. Principal Place of Business 21 8030 SAMPLE ROAD Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Zip 30 Country	
23 MARGATE 24 33065 25 USA		3. Date Incorporated or Qualified 08/29/1996 4. FEI Number 65-0691778 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PETERSON, JERRY  
4782 WEST COMMERCIAL BLVD  
FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name	Keith J. Pomkoski
82 Street Address (P.O. Box Number is Not Acceptable)	8030 SAMPLE ROAD
83	
84 City	MARGATE
85 Zip Code	FL 33065

11. Pursuant to the provisions of Sections 607.0505 and 607.1208, 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: Registered Agent signature required when reinstating)

DATE 3/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	POMKOSKI, KEITH J	1.2 NAME	SAME
STREET ADDRESS	4782 WEST COMMERCIAL BOULEVARD	1.3 STREET ADDRESS	8030 SAMPLE ROAD
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	1.4 CITY-ST-ZIP	MARGATE, FLORIDA 33065
TITLE	VD	2.1 TITLE	
NAME	GORNIT, GREY G	2.2 NAME	
STREET ADDRESS	4782 WEST COMMERCIAL BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	PETERSON, JERRY	3.2 NAME	
STREET ADDRESS	4782 WEST COMMERCIAL BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	HERRING, DAVID B	4.2 NAME	
STREET ADDRESS	4782 WEST COMMERCIAL BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 supplementary 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.

SIGNATURE:

3/30/98

854-255-5780

CR2E034 (10/97)