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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000088812 (8)

1. Corporation Name

FLORIDA COLLECTIONS, INC.

FLORIDA CREDIT & COLLECTION SERVICES, INC

Principal Place of Business

1501 2ND AVENUE
TAMPA FL 33605

Mailing Address

P.O. BOX 27302
TAMPA FL 33675-2502

4311 W. WATERS SWIRE 205
TAMPA, FL 33614

P.O. BOX 273705
TAMPA FL 33688

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAMBITO, JOSEPH A
1501 2ND AVENUE
TAMPA FL 33605

81 Name JOSEPH ZAMBITO

82 Street Address (P.O. Box Number is Not Acceptable)
4311 W. WATERS AVE

83 Suite 205

84 City TAMPA

FL

85 Zip Code 33614

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director / PRESIDENT
NAME ZAMBITO, JOSEPH A
STREET ADDRESS P.O. BOX 4077 N/A
CITY-ST-ZIP ANNA MARIA ISLAND FL 34216

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Director
NAME WILLIAMS, JOSEPH M.
STREET ADDRESS 3943 VERMILION DR.
CITY-ST-ZIP TAMPA, FL 33634

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Secretary/Treasurer
NAME BLACIC, CAROL
STREET ADDRESS 608-B FAIRMONT AVE
CITY-ST-ZIP SAFETY HARBOR, FL 34695

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. ZAMBITO 1-9-97

Date

813-8060313

CR2E034 (9/96)