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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000103839

TRUSTEE B COLLECTION CORP.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90108 027 ***150.00



Principal Place of Business Mailing Address						All ABIBE IIIO; IBIOE;	IKO ION SOUS	
•			NW 25TH ST. STE 110					
MIAMI FL 33122 MIAMI FL 3312						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						12/27/1996		
			Hailing Addross			4. FEI Number	App	lied For
2. Principal Pla	ace of Business	<u> </u>	Mailing Address			65-0725105		Applicable
21	1	26]	Suite, Apt. #, etc.			_	\$8.75 A	
Suite, Apt. #	ŧ, etc.	\vdash	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Rec	auired
22 City & State		27	City & State			6. Election Campaign Financing	\$5.00 1	May Be
City & State		28	ony a oner			Trust Fund Contribution	Added to	
Zip	Country		Zip	Country		8. This corporation owes the current year	r Intangible	_
24	25	29	30	5		Personal Property Tax.		□ No
	9. Name and Address of Currer		ered Agent			10. Name and Address of New Register	ed Agent	
				81	Name			
SIMON, GARY P ESQ.			82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
9100 SO DADELAND BLVD. STE 504				0				
MIAN	II FL 33156			83			•	1
				84	City		85 Zip C	ode
					1 '		-L	
office or re agent. I an	egistered agent, or both, in the State in familiar with, and accept the obliga	ations of,	Section 607.0505, Florid	a Statutes	3.	poration submits this statement for the purposion's board of directors. I hereby accept the approximately the purposition's board of directors. I hereby accept the approximation of the purposition of the		jistered
	Signature, typed or printed name of registered age			13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	OFFICERS AI	NU DIKEC	DELETE	1.1 TITLE		7,00	☐ Change	☐ Addition
TITLE	D CONDIN M A			1.2 NAME				
NAME	GRONDIN, M A 7225 NW 25TH ST. STE 110				T ADDRESS			
STREET ADDRESS				1.4 CITY-S				
CITY-ST-ZIP	MIAMI FL 33122		☐ DELETE	2.1 TITLE),-Zii		☐ Change	Addition
TITLE	D COONDIN C E			2.2 NAME	1			1
NAME	GRONDIN, G E 7225 NW 25TH ST. STE 110				ET ADDRESS	٠	·	
STREET ADDRESS	MIAMI FL 33122			2.4 CITY-				
CiTY-ST-ZiP	D STATE		☐ DELETE	3.1 TITLE	<u> </u>		Change	Addition
TITLE	SIMON, GARY P		_	3.2 NAMÉ		•		1
NAME	9100 SO DADELAND BLVD. S	TE 504		3.3 STREE	ET ADDRESS			
STREET ADDRESS	MIAMI FL 33156	1L 307		3.4. CITY-		<u>, </u>		
CITY-ST-ZIP	MIAWITE 33130		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME				4. 2 NAME	<u>.</u>			
STREET ADDRESS				4.3 STREI	ET ADDRESS		:	
CITY-ST-ZIP				4.4 CITY-	ST-ZIP		·	
TITLE			☐ DELETE	5.1 TITLE		•	☐ Change	Addition
NAME				5.2 NAME		•		•
STREET ADDRESS				5.3 STRE	ET ADDRESS			
CITY-ST-ZIP				5.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STRE	ET ADDRESS			
STREET ADDRESS				6.4 CITY-	ST-ZIP	·	· · · · · · · · · · · · · · · · · · ·	

14. Thereby 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, with all other like empowered.

SIGNATURE:

0P05-6P7-20E