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

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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000032407 (3) ACCELERATED RECEIVABLES MANAGEMENT, INC.

**FILED** 

May 01 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 1301 RIVERPLACE BLVD. SUITE 740 JACKSONVILLE FL 32207 1301 RIVERPLACE BLVD. SUITE 740 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1997 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State **¢**E ሰለ . . .

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24 25 29 g. Name and Address of Current Registered Agent LANDAU. FRANCINE CLAIR 1301 RIVERPLACE BLVD, SUITE 740 JACKSONVILLE FL 32207

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Zip

	Trust Fund Contribution Added to Fees
Country	8. This corporation owes or has paid the current year Intancible Personal Property Tax due June 30. Yes No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

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 into if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 'n DRESIDEN? DELETE TITLE Change LANDAU, FRANCINE CLAIR NAME 1.2 NAME 1301 RIVERPLACE BLVD, SUITE 740 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 1.4 CiTY - ST - ZIP DELETE VICE PRESIBEN TITLE 2.1 TITLE CRUZ, ANTONIO NAME 22 NAME 1301 RIVERPLACE BLVD, SUITE 740 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 THLE Change 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 ennual report or supplemental annual report is frue 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 frustee 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.

6.4 CITY-ST-ZIP

SIGNATURE