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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085573 (8)

PIONEER COLLECTIONS, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5141 SE 34 COURT 5141 SE 34 COURT OCALA FL 34480 OCALA FL 34480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 P.O. BOY 6148 59-3473083 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be OCAIA 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 🔀 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BITTER, PAIGE A 5141 SE 34 COURT 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34480** 83 Zin 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 title it applicable (NOTE: Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE PRESIDENT Change Addition TITLE 1.1 TITLE BITTER, PAIGE A NAME 12 NAME **5141 SE 34 COURT** STREET ADDRESS 1.3 STREET ADDRESS **OCALA FL 34480** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - \$T - ZIP 54 CITY-ST-ZIP DELETE Change __ Addition TITLE 6.1 TITLE 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 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 PAIR A BIHA

4/20/98

(352) 369-0550