FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 28, 1999 8:00am Secretary of State

	•	DIVISION OF CO	UKPUKATIONS		
DOCUMENT # DOZOGOGOAO				01-28-1999 90016 049 ***150.00	
DOCUMENT # P97000096242 1. Corporation Name					
	ME COLLECTIONS, INC.				
	WE OCCEDITIONS WAS	, •		# 1 100 31 00 1 (13 301)) (18 31) (18 31) (18 31)	ALTH MARIN MANNA KARRA ARRIA NANN MIANT NARA 1886)
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Principal Plac	e of Business	Mailing Address		T SERVICE OF LINE COURT PROCESS OF THE PERSON OF THE PERSO	8111 88111 88118 LB118 B1118 11811 81918 1181 1881
24850 OLD US 41 ROAD 24850 OLD US 41 ROAD			•		
		BERNWOOD CENTRE #17 BONITA SPRINGS FL 34135		DO NOT WR	ITE IN THIS SPACE
DOMEN SPRIN	? .	DOMIN GITHINGS IE 04155		3. Date incorporated or Qualifed	
	·			11/12/1997	
2. Principal F	Place of Business	2a. Mailing Address	Part of the State	4. FEI Number	Applied For
21	The state of the s		人。例,主要是	59-3476671	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22	te	City & State		6. Election Campaign Financing	\$5.00 ман Ва
23	A Company of the Comp	28 500 CM 502	1 than	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the cur	
24	25 25		30 (55.	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	Registered Agent
LES	LIE, MICHAEL	Call April Day & Com			
	50 OLD US 41		82 Street Addi	ress (P.O. Box Number is Not Accept	able)
BERWOOD CENTER, #17			83		
BON	IITA SPRINGS FL 34135		84 City	1	B5 Zip Code
	i nesa				FL
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607 1508, Florida Statutes	s, the above-named corp	poration submits this statement for the	purpose of changing its registered
FC/Fagent: I'a	m familiar with, and accept the obligati	ons of Section 607.0505. Florid	da Statutes.		*!
SIGNATURE		AND TO BE	2	of a decree as for a defined to 1. The second secon	DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature require 13.		FICERS AND DIRECTORS IN 12
HILE	PTD	☐ DELETE	1.1 TITLE .		
NAME	LESLIE, MICHAEL				Change Addition
STREET ADDRESS	101 SHARWOOD DRIVE		1.2 NAME	ALCONO.	☐ Change ☐ Addition
CITY-ST-ZIP				183 D	☐ Change ☐ Addition
TITLE	NAPLES FL 34110		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	\$83 BY	
TITLE	VSD .	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition
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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 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

V SUBSECT USE COURE OUR ENTER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

(941) 498-6491

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