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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000088837

1. Corporation Name

ADVANTAGE RECEIVABLES MANAGEMENT, INC.

Principal Place of Business	Mailing Address
101 N. OCEAN DRIVE. SUITE 107 HOLLYWOOD FL 33019	101 N. OCEAN DRIVE. SUITE 107 HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/16/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 101 N OCEAN DR	26 101 N OCEAN DR	65-0872551	Not Applicable
Suite, Apt. #, etc. 22 SUITE 207	Suite, Apt. #, etc. 27 SUITE 207	5. Certifcate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23 HOLLYWOOD FL	City & State 28 HOLLYWOOD FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33019	Country 25 USA	Zip 29 33019	Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AYRES, RYAN 101 N. OCEAN DRIVE, SUITE 107 HOLLYWOOD FL 33019	81 Name RYAN AYRES 82 Street Address (P.O. Box Number is Not Acceptable) 101 N OCEAN DR 83 SUITE 207 84 City HOLLYWOOD FL 85 Zip Code 33019

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]_ RYAN AYRES PRESIDENT 1-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE PRES, SEC	☒ Change ☐ Addition
NAME	AYRES, RYAN		1.2 NAME RYAN AYRES	
STREET ADDRESS	351 VIRGINIA STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE VICE PRES, TREAS	☒ Change ☐ Addition
NAME	KELLY, DANIEL P		2.2 NAME DANIEL KELLY	
STREET ADDRESS	2019 JACKSON STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
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			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: _[signature]_ URE REQUIRED 1/20/99 954 920 4062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #