

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90120 018 \*\*\*150.00

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000089256

1. Corporation Name  
ATTORNEYS' COLLECTION NETWORK, INC.

|   |   |
|---|---|
| Principal Place of Business<br>23123 STATE RD.7,STE.350B<br>BOCA RATON FL 33428 | Mailing Address<br>23123 STATE RD.7,STE.350B<br>BOCA RATON FL 33428 |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |  |                             |  |  |  |
|---|--|--|--|--|--|-----------------------------|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>10/19/1998                                    |  | 4. FEI Number<br>65-0869794 |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees |  | 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

FARBER, ANDREW E  
23123 STATE RD.7,STE.350B  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 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.P. FARBER, ANDREW       | 1.1 TITLE   |  |
| NAME                       | 23123 STATE RD.7,STE.350B | 1.2 NAME  |  |
| STREET ADDRESS             | BOCA RATON FL 33428       | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D.V. Charles Tessler      | 2.1 TITLE   |  |
| NAME                       | 23123 State Rd 7 # 350B   | 2.2 NAME  |  |
| STREET ADDRESS             | Boca Raton FL 33428       | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                           | 3.1 TITLE   |  |
| NAME                       |                           | 3.2 NAME  |  |
| STREET ADDRESS             |                           | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                           | 4.1 TITLE   |  |
| NAME                       |                           | 4.2 NAME  |  |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                           | 5.1 TITLE   |  |
| NAME                       |                           | 5.2 NAME  |  |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                           | 6.1 TITLE   |  |
| NAME                       |                           | 6.2 NAME  |  |
| STREET ADDRESS             |                           | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 6.4 CITY-ST-ZIP                                       |  |

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 REQUIRED: D

4/29/99

Date

561-451-1969

Daytime Phone #

CR2E034 (11/98)

0334164