

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

FILED
Jan 23, 1999 8:00 am
Secretary of State

01-23-1999 90012 042 ***150.00

0034999

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

DOCUMENT # S18406

1. Corporation Name

ALLIED COLLECTIONS, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE FL 32207 | 1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE FL 32207 |

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 12/13/1990 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3048118 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired | |
| 24 | | 25 | | 8.75 Additional Fee Required | |
| 29 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution | |
| 29 | | 30 | | 5.00 May Be Added to Fees | |
| 29 | | 30 | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| 29 | | 30 | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

9. Name and Address of Current Registered Agent

SIMON, BERT C.
1660 PRUDENTIAL DRIVE, SUITE 203
JACKSONVILLE FL 32207

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 | DPS | 1.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | SIMON, BERT C. | 1.2 NAME | |
| STREET ADDRESS | 1660 PRUDENTIAL DR. #203 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | T | 2.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | SIMON, BERT C. | 2.2 NAME | |
| STREET ADDRESS | 1660 PRUDENTIAL DR., 203 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

(904) 399-0870

Date

Daytime Phone #

CR2E034 (11/98)