

2-995 B-1034-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:29

DOCUMENT # S66131

(1)

1. Corporation Name

ACE COLLECTIONS, INC.

Principal Place of Business

1489 W. PALMETTO PARK ROAD
SUITE 430-C
BOCA RATON FL 33486

Mailing Address

1489 W. PALMETTO PARK ROAD
SUITE 430-C
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/15/1991

3a. Date of Last Report

06/14/1994

4. FEI Number

65-0330233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Boca Raton 1489 W. Palmetto Rd.

2a. Mailing Address

21 1489 W. Palmetto Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 430C

27 430C

City & State

City & State

23 Boca Raton FL

28 Boca Raton, FL

Zip

Zip

24 33486

29 33486

Country

Country

25 Palm Beach

30 Palm Beach

9. Name and Address of Current Registered Agent

ZAKHEIM, SCOTT C., ESQ.
5200 N.W. 33RD AVE.
SUITE 200
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

ACE Collections, Inc.

83

1489 W. Palmetto Pk. Rd. 430C

84 City

Boca Raton

FL

85 Zip Code
33486

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 of registered agent, if registered agent, and if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
SCHNUR, STUART
10224 N.W. 47TH ST
SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PD
Stuart Schnur
1489 W. Palmetto Pk. RD
Boca Raton, FL 33486

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-95

407-368-7898