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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name V37706

(1)

SUNCOAST COLLECTION SPECIALISTS, INC.

Principal Place of Business Mailing Address P O BOX 972 P. O. BOX 972 PINELLAS PARK FL 34664 PINELLAS PARK FL 34664 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/18/1992 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P. O. Box 20616 Sulte, Apt. #, etc. 59-3123804 Not Applicable P. Q. Box 20616 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be St. Petersburg, F1 St. Petersburg, Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 Pinellas 29 3374; 9. Name and Address of Current Registered Agent Yes □Ño Personal Property Tax due June 30. Pinellas 10. Name and Address of New Registered Agent 81 Name **HESSE**, JAMES C 8653 18TH WAY NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33702 83 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 oppositions of, Section 607.0505. Florida Statutes. nod agent, or both, in the State of Florida. So illar with, and accept the oppgations of, Sed **SIGNATURE** registered Agent signature required wher reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition HESSE, JAMES C. NAME 1.2 NAME **8653 18TH WAY N.** STREET ADDRESS 1.3 STREET ADDRESS St. Petersburg fl CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME HESSE, DARLENE 2.2 NAME 8653 18TH WAY N. STREET ADDRESS 2.3 STREET ADDRESS **ST. PETERSBURG FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change 31 TITLE ☐ Addition 3.2 NAME

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 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 contraction or the receiver or trustee enhowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an approximation.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

112/90

54 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY - ST- ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 30 1998 8:00am

Secretary of State