

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V59129** (9)

1. Corporation Name

WORLDWIDE COLLECTIONS, INC.



Principal Place of Business

**210 UNIVERSITY DR.
STE. 502
CORAL SPRINGS FL 33071**

Mailing Address

**210 UNIVERSITY DR.
STE. 502
CORAL SPRINGS FL 33071**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 **BOX 77-1210**
Suite, Apt. #, etc.

27 City & State

28 **CORAL SPRINGS, FL**

29 Zip Country

30 **33077-1210 USA**

3. Date Incorporated or Qualified

08/19/1992

3a. Date of Last Report

01/23/1995

4. FEI Number

65-0353544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MAUREEN WALSH~~
**210 UNIVERSITY DRIVE
STE. 502
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name

ROBERT LOWELL

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

83

84 City

FL

85 Zip Code

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert Lowell **DIRECTOR**

12014 Registered Agent Signature Required when new state is

4/13/96

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **MAUREEN WALSH**
STREET ADDRESS **210 UNIVERSITY DR., STE. 502**
CITY-STATE-ZIP **CORAL SPRINGS FL 33071**

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CITY-STATE-ZIP

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 my statement with an address.

SIGNATURE:

Robert Lowell
ROBERT LOWELL DIRECTOR

4/13/96

954-340-8100

CR2E034 (12/95)