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

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

24 N.W. RACETRACK RD

FT.WALTON BCH FL 32547



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K67718 (2)

FT. WALTON BEACH FL 32547

ADVANCED COLLECTIONS, INC.

Mailing Address

P O BOX 3026

FILED Jan 22 1998 8:00am Secretary of State



CR2E034

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2944573 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COOPER, CHARLES W. 81 Name 7 PEBBLE BEACH DR. Street Address (P.O. Box Number is Not Acceptable) SHALIMAR FL 32579 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 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition COOPER, CHARLES W. NAME 1.2 NAME 7 PEBBLE BEACH DR. STREET ADDRESS 1.3 STREET ADDRESS SHALIMAR FL 32579 CITY-ST-ZIP 1.4 CITY-ST-ZIP ___ DELETE Change TITLE 2.1 TITLE Addition COOPER, ELLEN L. 2.2 NAME NAME 7 PEBBLE BEACH DR. STREET ADDRESS 2.3 STREET ADDRESS SHALIMAR FL 32579 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addittan STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE __ Change Addition TIT) F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

SIGNATURE: