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

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DOOLINEELE	
DOCUMENT #	ŧ
	•
1. Corporation Name	

481133

(7)

AMERICAN	RECOVERY	SERVICE	INC
	IILOUYLIII	OLITRIOL	THE CO.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

Principal Placi	e of Business	Mailing Address				
520 N SEMORAN BLVD STE 283 P.O. BOX 574227 ORLANDO FL 32857-1227		520 N SEMORAN BLV P.O. BOX 574227 ORLANDO FL 32857-1:				
				3. Date Incorporated or Qualified 07/24/1975	3a. Date of Last Report 01/23/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
=:1 .) S. Semoran Blvd.	26 P.O. Box 5	74227	59-1608886	Not Applicable	
Suite, Apt 22 107	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
Orty & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be	
	indo, FL	28 Orlando, FL		Trust Fund Contribution	Added to Fees	
Zip 24] 328	Country	Zip	Country	8. This corporation has liability for i		
24 3 28	307 25 Orange 9. Name and Address of Currer	29 32857-4227	30 Orange	Florida Statutes X Yes 10. Name and Address of New R		
		riogiotorou rigorit	81 Name	IU. Italiio alla Address di New A	adistered wiletif	
LIRERT	r, ernest					
	AREN AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptab	(e)	
	IONTE SPRINGS FL 32701		83			
77617311	ONIE OF MINOO FE SEFE					
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0500	and 607 1508. Florida Statute	as the above named covino	ration submits this statement for the pur	opposit chancing to exciptored office.	
or registe	red agent, or both, in the State of Flori	da. Such change was authorize	ed by the corporation's boa	rd of directors. I hereby accept the appo	ince or changing its registered office intment as registered agent. I am	
Idi Hillar W	ith, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.	•			
SIGNATURE	Signature, typico or pented name of registere i agent	and the flar disente (NO	TE: Registered Agent signature require	dukor mindako	DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI		
f-ILE	P	DELETE	1. 1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition	
NAME	BLAND, THOMAS R.		1.2 NAME			
SPREET ADDRESS	66 S. WINTER PARK DR.		1.3 STREET ADDRESS			
Çih (\$1 Zir	CASSELBERRY FL		1 4 CITY - ST - ZIP		-	
1016	S	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAMa	ENGELBERG, STEPHANIE		2 2 NAME			
STREET ACCIRESS	265 ROLLINGWOOD TRAIL		2 3 STREET ADORESS			
CiTY - ST - ZIP	ALTAMONTE SPRGS, FL000	00	2 4 CITY - ST - ZIP			
THLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME:			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
City - S1 - ZiP			3 4 CITY - S1 - ZIP		i	
JI'(F		☐ DELETE	4. 1 TIFLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY ST ZIE			4.4 CITY-ST-ZIP			
~111 F		☐ DELEJE	5 1 TITLE		Change Addition	
NAM!			5 2 NAME		:	
STREET ASSORESS			53 STREET ADDRESS			
CHT+ - 51 - 21F			5 4 CITY- ST-ZIP			
Till.F		☐ DELETE	6 1 TITLE		Change Addition	
MAM			6 2 NAME			
STEEL ADDRESS			63 STREET ADDRESS			
CHTY ST ZIP	1		6 4 CITY - ST - ZIP			
ceary ma	it the information indicated on this anni	ial report or supplemental and	ial report is true and accura	or the exemption stated in Section 119.0 ate and that my signature shall have the is report as required by Chapter 607, Flo	sama kaal affaat oo if mada unda.	

Daytima Phone #