

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

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F96000002272 (0)**

1. Corporation Name  
**DAMAGE RECOVERY SYSTEMS, INC.**



Principal Place of Business  
**31 ROBINSON STREET  
POTTSTOWN PA 19464**

Mailing Address  
**31 ROBINSON STREET  
POTTSTOWN PA 19464-6439**

3. Date Incorporated or Qualified  
**05/03/1996**

3a. Date of Last Report

4. FEI Number  
**23-2625843**

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 State Apt # etc

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 Zip Country

30

**9. Name and Address of Current Registered Agent**

**BUCK, SANDRA  
LAKELAND REGIONAL INDUSTRIAL/IND. PARK  
7105 NEW TAMPA HIGHWAY SUITE 25  
LAKELAND FL 33801**

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PC</b>	<input type="checkbox"/> DELETE
NAME	<b>CRISPYN, G J</b>	
STREET ADDRESS	<b>2420 ANDELL WAY</b>	
CITY - ST - ZIP	<b>JOHNS ISLAND SC 29455</b>	
TITLE	<b>WCS</b>	<input type="checkbox"/> DELETE
NAME	<b>TUCKER, MICHAEL R</b>	
STREET ADDRESS	<b>1748 HONEYSUCKLE LANE</b>	
CITY - ST - ZIP	<b>POTTSTOWN PA 19465</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>TUCKER, MICHAEL R</b>	
STREET ADDRESS	<b>1748 HONEYSUCKLE LANE</b>	
CITY - ST - ZIP	<b>POTTSTOWN PA 19465</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Darryl M Moll* **Darryl M Moll** Controller 3/2/97 610-323-3087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)