

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

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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003266 (1)

1. Corporation Name
ASSOCIATED RECOVERY SYSTEMS, INC.



Principal Place of Business 2434 VINEYARD AVE #100 ESCONDIDO CA 92029	Mailing Address 2434 VINEYARD AVE #100 ESCONDIDO CA 92029-1227
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3. Date Incorporated or Qualified 06/25/1996	3a. Date of Last Report --
4. FEI Number 33-0264864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 201 W. GRAND AVENUE Suite, Apt. #, etc. 22 -- City & State 23 ESCONDIDO, CA Zip 24 92025	2a. Mailing Address 26 201 W. GRAND AVENUE Suite, Apt. #, etc. 27 -- City & State 28 ESCONDIDO, CA Zip 29 92025	Country 25 U.S.	Country 30 U.S.
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent	
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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 **N/A** **KATHY L. HOWERTON** **03/31/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	HOWERTON, KATHY L	
STREET ADDRESS	2434 VINEYARD AVE #100	
CITY-ST-ZIP	ESCONDIDO CA 92029	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARRUTHERS, DOUGLAS S	
STREET ADDRESS	2434 VINEYARD AVE #100	
CITY-ST-ZIP	ESCONDIDO CA 92029	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KATHY L. HOWERTON	
1.3 STREET ADDRESS	201 W. GRAND AVENUE	
1.4 CITY-ST-ZIP	ESCONDIDO, CA 92025	
2.1 TITLE	C.E.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOUGLAS S. CARRUTHERS	
2.3 STREET ADDRESS	201 W. GRAND AVENUE	
2.4 CITY-ST-ZIP	ESCONDIDO, CA 92025	
3.1 TITLE	C.E.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN K. HOWERTON	
3.3 STREET ADDRESS	201 W. GRAND AVENUE	
3.4 CITY-ST-ZIP	ESCONDIDO, CA 92025	
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 as an attachment with an address.

SIGNATURE: **KATHY L. HOWERTON, PRESIDENT** **03/31/97** **(760)735-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)