

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

**FILED**

**Apr 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003879 (1)**

1. Corporation Name  
**MID AM RECOVERY SERVICES, INC.**



Principal Place of Business <b>18167 U.S. HIGHWAY 19 NORTH SUITE 200 CLEARWATER FL 34624</b>	Mailing Address <b>18167 U.S. HIGHWAY 19 NORTH SUITE 200 CLEARWATER FL 34624-6568</b>
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3. Date Incorporated or Qualified <b>07/31/1996</b>	3a. Date of Last Report
4. FEI Number <b>34-4479500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

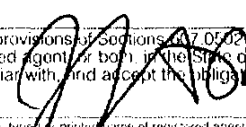
2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

**9. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**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:  DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANDULA, MARK	
STREET ADDRESS	18167 US HYW 19 NORTH, STE 200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOUDER, W G	
STREET ADDRESS	222 S MAIN ST.	
CITY-ST-ZIP	BOWLING GREEN OH	
TITLE	J	<input type="checkbox"/> DELETE
NAME	NEMEC, DENNIS	
STREET ADDRESS	222 S MAIN ST.	
CITY-ST-ZIP	BOWLING GREEN OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCISCO, DAVID	
STREET ADDRESS	222 S MAIN ST.	
CITY-ST-ZIP	BOWLING GREEN OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUGHLIN, JAMES	
STREET ADDRESS	36 N DETROIT	
CITY-ST-ZIP	XENIA OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TESSENDORF, RICHARD	
STREET ADDRESS	4783 N BEND ROAD	
CITY-ST-ZIP	CINCINNATI OH	

**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 or change(s), or on an attachment with an address.

SIGNATURE:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)