


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

FILED

Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000003879 (1)
1. Corporation Name
MID AM RECOVERY SERVICES, INC.



Principal Place of Business: 18167 U.S. HIGHWAY 19 NORTH SUITE 200 CLEARWATER FL 34624
Mailing Address: 18167 U.S. HIGHWAY 19 NORTH SUITE 200 CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: 07/31/1996
4. FEI Number: 34-4479500
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

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 (81-85) fields.

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MANDULA, MARK	
STREET ADDRESS	18167 US HYW 19 NORTH, STE 200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	X PD	<input type="checkbox"/> DELETE
NAME	SOUDER, W G	
STREET ADDRESS	222 S MAIN ST.	
CITY-ST-ZIP	BOWLING GREEN OH	
TITLE	T	<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: 5
1.2 NAME: KLUMB, MARCE L.
1.3 STREET ADDRESS: 221 S. CUMMIS ST
1.4 CITY-ST-ZIP: BOWLING GREEN, OH

3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	AMOUNT	G/L ACCT NUMBER

4.1 TITLE: Change Addition
4.2 NAME: Change Addition
4.3 STREET ADDRESS: Change Addition
4.4 CITY-ST-ZIP: Change Addition

5.1 TITLE: Change Addition
5.2 NAME: Change Addition
5.3 STREET ADDRESS: Change Addition
5.4 CITY-ST-ZIP: Change Addition

6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY-ST-ZIP: Change Addition

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 in an attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)