

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90205 036 ***158.75

04/15/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000003879

1. Corporation Name
 - MID-AM RECOVERY SERVICES, INC. ---
 SKY ASSET MANAGEMENT SERVICES, INC... *n/c 3/1/99*



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 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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 the current year Intangible Personal Property Tax. 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 Name **N/A**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | KLUMB, MARCI L | |
| STREET ADDRESS | 221 S CHURCH ST | |
| CITY-ST-ZIP | BOWLING GREEN OH 43402 | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | SOUDER, W G | |
| STREET ADDRESS | 222 S MAIN ST. | |
| CITY-ST-ZIP | BOWLING GREEN OH | |
| TITLE | T | <input checked="" 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 | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | A. PAUL MOLLE' | |
| 1.3 STREET ADDRESS | 18167 US 19 NORTH #250 | |
| 1.4 CITY-ST-ZIP | CLEARWATER FL 33764 | |
| 2.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | LEE J. CIESLAK | |
| 2.3 STREET ADDRESS | 18167 US 19 NORTH #200 | |
| 2.4 CITY-ST-ZIP | CLEARWATER FL 33764 | |
| 3.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | LARRY C. COLTON | |
| 3.3 STREET ADDRESS | 18167 US 19 NORTH #200 | |
| 3.4 CITY-ST-ZIP | CLEARWATER FL 33764 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | EDWARD J. REITER | |
| 4.3 STREET ADDRESS | 221 S CHURCH STREET | |
| 4.4 CITY-ST-ZIP | BOWLING GREEN OH 43402 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | DONALD D. THOMAS | |
| 5.3 STREET ADDRESS | 12415 NEOWASH ROAD | |
| 5.4 CITY-ST-ZIP | WHITEHOUSE OH 43571 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | JOSEPH N. TOSH, II | |
| 6.3 STREET ADDRESS | ONE CENTURY PLACE | |
| 6.4 CITY-ST-ZIP | ROCHESTER PA 15074 | |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4-7-99** DAYTIME PHONE #: **(727) 524-7243**

CR2E034 (1/198)