

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 21 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J43034** (4)

1. Corporation Name
INSURANCE RECOVERY INTERNATIONAL, INC.

Principal Place of Business 535 VERSAILLES DR STE 150 MAITLAND FL 32751	Mailing Address 535 VERSAILLES DR STE 150 MAITLAND FL 32751
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 11/19/1986	3a. Date of Last Report 09/23/1996	4. FEI Number 59-2748581	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

**LIVINGSTONE, RONALD
275 SPRING LAKE HILLS DRIVE
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP LIVINGSTONE, RONALD 275 SPRING LK HILLS DR. ALTAMONTE SPGS FL 32714	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	800002250828--9
STREET ADDRESS		1.3 STREET ADDRESS	-07/29/97--01072--024
CITY-ST-ZIP		1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	DST LIVINGSTONE, SUSAN J. 275 SPRING LK HILLS DR. ALTAMONTE SPGS FL 32714	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SCC 7-21-97

CR2E034 (4/97)



Insurance Recovery International, Inc.

Property & Income Loss Adjusters

July 15, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Annual Report Document # J43034

Dear Sir or Madam,

Upon receipt today of the 2nd Notice for 1997 Profit Corporation Annual Report, a call was placed to your offices in Tallahassee as we never received the original report for filing. After explaining the dilemma, we were told to send in the normal fee along with a letter outlining the circumstances.

The report filing and fee of \$165.00 are herewith enclosed.

Thank you for your consideration as well as the refreshing politeness of your staff member that fielded the call.

Sincerely,

Ron Livingstone, President

RL/wc

enc.

