

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000056988 (6)
 1. Corporation Name
COLLATERAL RECOVERY, CORP.



Principal Place of Business 2107 ST. MARY'S STREET PENSACOLA FL 32505	Mailing Address 2107 ST. MARY'S STREET PENSACOLA FL 32505
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	P.O. Box 8374	08/02/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3257967	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	Pensacola, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29	32505	30	Escambia

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CROSBY, THOMAS 2107 ST. MARY'S STREET PENSACOLA FL 32505				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Thomas A Crosby (Signature, typed or printed name of registered agent and true if applicable) Thomas A Crosby (NOTE: Registered Agent signature required when reinstating) 23 MAR 93 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DPST	1.2 NAME	
STREET ADDRESS	CROSBY, THOMAS A	1.3 STREET ADDRESS	
CITY-ST-ZIP	3182 BENT OAK RD	1.4 CITY-ST-ZIP	
	PENSACOLA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	VIC PRES	2.3 STREET ADDRESS	
STREET ADDRESS	THOMAS A CROSBY JR	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	3182 BENT OAK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PENSACOLA FL 32526	3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE: Thomas A Crosby 23 MAR 93 850 435 7370

CFR2034 (10/97)