

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.)

FILED  
 Sep 04 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 # P96000073939 (6)**  
 1. Corporation Name  
**GLOBAL ASSET RECOVERY, INC.**



Principal Place of Business <b>960 NORTH FEDERAL HIGHWAY SUITE 206 BOCA RATON FL 33432</b>	Mailing Address <b>960 NORTH FEDERAL HIGHWAY SUITE 206 BOCA RATON FL 33432</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/06/1996</b>	3a. Date of Last Report <b>N/A</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>65-0694747</b>	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>LAW OFFICES OF RICK S. CULLEN, P.A. 2295 CORPORATE BLVD STE 231 BOCA RATON FL 33431</b>				10. Name and Address of New Registered Agent			
				81 Name	<b>Law Offices of Rick S. Cullen, P.A.</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>980 N. Federal Hwy.</b>		
				83	<b>Ste. 206</b>		
				84 City	<b>Boca Raton</b>	85 State	<b>FL</b>
						86 Zip Code	<b>33432</b>

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: *Rick S. Cullen* **RICK S. CULLEN** DATE: **8/27/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<b>Vice President</b>
NAME	<b>CULLEN, LUISA F</b>	1.2 NAME	<b>Cullen, Rick S.</b>
STREET ADDRESS	<b>2295 CORPORATE BLVD STE 231</b>	1.3 STREET ADDRESS	<b>980 N. Federal Hwy., Ste. 206</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>
TITLE		2.1 TITLE	<b>PSTD</b>
NAME		2.2 NAME	<b>Cullen, Luisa F.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>980 N. Federal Hwy., Ste. 206</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

CR2E034 (4/97)