

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90175 030 ***150.00

DOCUMENT # P98000055844

1. Corporation Name

AMERICAN ASSET RECOVERY, INC.

Principal Place of Business

805 CAROLIN ST
MELBOURNE FL 32901

Mailing Address

805 CAROLIN ST
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

Suite, Apt. #, etc.

26

P.O. Box 62015

59-3516500

Not Applicable

22

City & State

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

Zip Country

28

CITY & STATE
PALM BAY, FL.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

32906-2015

25

29

32906-2015

30

USA

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, TIMOTHY D
805 CAROLIN ST
MELBOURNE FL 32901

81 Name

MARTIN, TIMOTHY D.

82 Street Address (P.O. Box Number is Not Acceptable)

2930 CHIPPER DR. N.E.

83

84

PALM BAY

FL

85 Zip Code

32905

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 *Timothy D. Martin*
Signature, typed or printed name of registered agent and title if applicable

TIMOTHY D. MARTIN

4/29/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MARTIN, TIMOTHY D
STREET ADDRESS 805 CAROLIN ST
CITY-ST-ZIP MELBOURNE FL 32901

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2930 CHIPPER DR. N.E.

PALM BAY, FL. 32905

Change Addition

TITLE VD
NAME MCKITRICK, ROBERT
STREET ADDRESS 805 CAROLIN ST
CITY-ST-ZIP MELBOURNE FL 32901

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

TITLE STD
NAME MARTIN, DEBRA A
STREET ADDRESS 805 CAROLIN ST
CITY-ST-ZIP MELBOURNE FL 32901

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2930 CHIPPER DR. N.E.

PALM BAY, FL. 32905

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

Debra A Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA A MARTIN

SECRETARY/TREAS. 4/29/99

407-726-6767

Date

Daytime Phone #

CR2E034 (11/98)