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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 497362 (4)
1. Corporation Name
INSURANCE RECOVERY SPECIALISTS, INC.



Principal Place of Business
EMERALD PARK OFFICE CENTER
2699 STIRLING ROAD STE C201
FT. LAUDERDALE FL 33312

Mailing Address
EMERALD PARK OFFICE CENTER
2699 STIRLING ROAD STE C201
FT. LAUDERDALE FL 33312-6549

3. Date Incorporated or Qualified 02/09/1976
3a. Date of Last Report 04/12/1996

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number 59-1677322
Applied For Not Applicable

22 4491 SOUTH STATE RD 7 #308 27 4491 SOUTH STATE RD 7 #308
Suite, Apt. #, etc. Suite, Apt. #, etc.
5. Certificate of Status Desired \$8.75 Additional Fee Required

23 FORT LAUDERDALE FLORIDA 28 FORT LAUDERDALE FLORIDA
City & State City & State
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33314 25 USA 29 33314 30 USA
Zip Country Zip Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORATIS, ROBERT
1031 SE THIRD AVE
FT LAUDERDALE FL 33318

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|------------------------------|
| TITLE | DP | 1.1 TITLE | DP |
| NAME | BOGLIOLI, THERESA | 1.2 NAME | BOGLIOLI, THERESA |
| STREET ADDRESS | 2699 STIRLING RD #C201 | 1.3 STREET ADDRESS | 4491 SOUTH STATE ROAD 7 #308 |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | FORT LAUDERDALE FL 33314 |
| TITLE | PD | 2.1 TITLE | PD |
| NAME | BOGLIOLI, THERESA | 2.2 NAME | BOGLIOLI, THERESA |
| STREET ADDRESS | 2699 STIRLING RD #C201 | 2.3 STREET ADDRESS | 4491 SOUTH STATE ROAD 7 #308 |
| CITY-ST-ZIP | FT LAUDERDALE, FL 00000 | 2.4 CITY-ST-ZIP | FORT LAUDERDALE FL 33314 |
| 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.

SIGNATURE [Signature] DATE [Date]

CR2E034 (9/96)