FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:00

DOCUMENT # **556626** **(0)**

1. Corporation Name

NEW SMYRNA BEACH RECOVERY CORPORATION .

Principal Place of Business	Mailing Address
1420 SW 55TH AVE. PLANTATION FL 33317	1420 SW 55TH AVE. PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1977**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21: 17812 62Nd. Rd. N. POBox1233
22: Suite, Apt. #, etc.
23: City & State: LOXAHATCHEE FL
24: Zip: 33470
25: County: WEST PALM

2a. Mailing Address
26: 17812-62nd Rd N. POBox1233
27: Suite, Apt. #, etc.
28: City & State: LOXAHATCHEE FL.
29: Zip: 33470
30: County: WEST PALM

4. FEI Number: **59-2145327** ☐ 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 has liabil, for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GALATI, SALVATORE J
1420 SW 55TH AVE.
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: GALATI SALVATORE J
82 Street Address (P.O. Box Number is Not Acceptable): 17812 62ND Rd. N. PO Box 1233
83:
84 City: LOXAHATCHEE FL 85 Zip Code: 33470

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 of new registered agent and title if applicable) (NOTE: Registered Agent signature required when name changes) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPT	11 TITLE	VPT	☒ Change ☐ Addition
NAME	GALATI, SALVATORE J	12 NAME	GALATI SALVATORE J	
STREET ADDRESS	1420 SW 55TH AVE.	13 STREET ADDRESS	17812-62nd Rd. N P.O. Box 1233	
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	LOXAHATCHEE FL 33470	
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	MURPHY, ELSIE	22 NAME	MURPHY ELSIE	
STREET ADDRESS	1420 SW 55TH AVE.	23 STREET ADDRESS	17812-62nd Rd. N. P.O. Box 1233	
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	LOXAHATCHEE FL 33470	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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. (407)

SIGNATURE: Salvatore J. Galati - SALVATORE J. GALATI 4/8/95 - 790-2478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027888 CP