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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Mort

Secretary of Sta DIVISION OF CORPORATIONS

1997 DOCUMENT # 625090

(6)

AID DECOVERY INC

	OVERT, INC.				
Principal Plac	e of Business	Mailing Address		1865110 81110 11001 01111 08110 10111 6011 0	
12970 PORT SAID RD P.O. BOX 72 OPA LOCKA FL 33054		12970 PORT SAID RD P.O. BOX 72 OPA LOCKA FL 33054-49	30		
US		US		3. Date Incorporated or Qualified 06/06/1979	3s. Date of Last Report 03/26/1996
2. Pr-noipal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1921402	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip r==1	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25 9. Name and Address of Curre	29	[30]	Florida Statutes 10. Name and Address of New Rec	Yes No
		nit negistered Agent	81 Name	10. Italie and Address of Item flo	Acres do vides (1
	THER, TIM				
12970 PORT SAID RD OPA LOCKA FL 3305			82 Street Ac	ddress (P.O. Box Number is Not Acceptable	le)
OI F	1 2001411 2 0000		83		
			84 City	······································	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Stati	ites the above-named co	orporation submits this statement for the p	
office or	rearstered agent, or both, in the Stal	te of Florida. Such change was	authorized by the corpo	ration's board of directors. I hereby accep	t the appointment as registered
agent La	ani familiar with, and accept the obli	gallons of, Section 607.0505, F	-iorida Statutes.		
SIGNATURE	Signature, typed or anuted name of teg seried a	gent and tele if applicable (NC	OTE Registered Agent signature re	quired when reinstating)	DATE
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
THAF	P	DELETE	1.1 TITLE		Change
NAME	GAITHER, PAUL E				Change Addition
			1.2 NAME		Cusude C Adminin
STREET ADDRESS	12970 PORT SAID RD		1.2 NAME 1.3 STREET ADDRESS		Change [_] Adulion
STREET ADDRESS CHY-ST-ZIP	12970 PORT SAID RD OPA LOCKA FL 33054				
	,		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VP	Change Addition
CHY-SI-7IP	OPA LOCKA FL 33054 VP GAITHER, TIMOTHY E.	DELETE	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	***	
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SIGNATURE: RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lam an officer or director of the our appears in Block 12 or Block 13 if o

14. I do hereby certify that the information supplied with this filling 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 intrue 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change d, or on an attributent with a address.

FILED

Apr 09 1997 8:00am

Secretary of State