## 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

## DOCUMENT # F98000002877

1. Corporation Name

RECOVER SERVICES, INC. OF TEXAS

Principal Place of Business 4025 WOODLAND PARK BLVD STE 210

Mailing Address

PO BOX 151123 ARLINGTON TX 76015

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90247 037 \*\*\*150.00



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9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 120 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 International Components of Sections 67 (2602 and 607 1508, Florida Statutes, the above-named components this statement for the purpose of changing its registered agent. I mainlai with, and accept the obligations of Sections 67 (2602 and 607 1508, Florida Statutes, the above-named components this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 (2602 and 607 1508, Florida Statutes, the components of Section 607 (2602 and 607 1508, Florida Statutes, the components of Section 607 (2602 and 607 1508, Florida Statutes, the components of Section 607 (2602 and 607 1508, Florida Statutes, the components of Section 607 (2602 and 607 1508, Florida Statutes, the components of Section 607 (2602 and 607 1508, Florida Statutes, the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508, Florida Statutes, the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607 (2602 and 607 1508) and the components of Section 607		Country	Zip	Country	,	8. This corporation owes the current year intangible		
9. Name and Address of Current Rogistered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice 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 abpointment as registered agent. I maintain with, and accept the obligations of, Section 607.0502 and 607.1508, Florida Statutes, the above-named 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, and the corporation's board of directors. I hereby accept the appointment as registered diffice or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  In 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.  In the corporation's board of directors. I hereby accept the appointment as registered diffice or registered di	24	25	29	0		Personal Property Tax. ☐ Yes ☐ No		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above-named comparation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligations of, Section 607 0505. Florida Statules.  13. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above-named comparation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligations of, Section 607 0505. Florida Statules  14. Pursuant to the provisions of Sections 607 0505. Florida Statules, the above-named comparation submits this statement for the purpose of changing its registered agent. I amount in the composition of board of directors. I hereby accept the appointment as registered statules.  15. Corricers AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANG		9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
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Ball City   FL   Ball Zip Code	PLAN	TATION FL 33324		83	83			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, 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 amount with, and accept the obligations of, Section 607.0505. Florida Statutes.  ISIGNATURE  Signature, typed or printed name of inspiratured agent and tiple of applicable.  INOTE: Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS 11.2  OFFICERS AND DIRECTORS 11.1  THE PCTD  RESWIG, MICHAEL J  THE PCTD  RESWIG, MICHAEL J  THE VSD  RESWIG, MICHAEL J  THE VSD  RESWIG, MARTHA M  TREETADDRESS  ARLINGTON TX  DELETE  1.3 TITLE  1.4 TITLE  1.4 TITLE  1.5 Change  Addition  ARLINGTON TX  DELETE  3.1 TITLE  1.5 TITLE  3.1 TITLE  1.5 Change  Addition  ARLINGTON TX  1.5 TREET ADDRESS  3.4 CITY-ST-ZPP  THE MARE  THE TADDRESS  3.5 TREET ADDRESS  3.4 CITY-ST-ZPP  THE MARE  1.5 TITLE  1.5 TI	, 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	į.	**		_	_	
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agent. I am familiar with, and accept the obligations of, Section 607.0505. Floridad Statutes.  SIGNATURE  Signature. Typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE POTD	11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named co	progration submits this statement for the purpose of changing its register	∌red ∙d	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4). 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 13 if changed, or on an attachment with an address, with all other like empowered.	CITY-ST-ZIP						<del>.</del>	
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the sarpe legial effect as it made under oath; that if 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.	14. I hereby c	ertify that the information supplied with	h this filing does not qualify for the	he exempl	ion stated i	n Section 119.07(3)(i). Florida Statutes. I further certify that the informal	ition	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

265-8896