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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H22949

(2)

1. Corporation Name

EASTWIND RECOVERY CORP.

Principal Place of Business

Mailing Address

~~XXXXXXXXXX~~ 102 Eastwind Ln. ~~XXXXXXXXXX~~ P.O. Box 948495
~~XXXXXXXXXX~~ Fern Park, Fl ~~XXXXXXXXXX~~ Maitland, Fl
~~XXXXXXXXXX~~ 32730 ~~XXXXXXXXXX~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1984

4. FEI Number

59-2463796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 102 Eastwind Lane

Suite, Apt. #, etc.

22

City & State

23 Fern Park, Florida

Zip

Country

24 32730

25

US

2a. Mailing Address

26 P.O. Box 948495

Suite, Apt. #, etc.

27

City & State

28 Maitland, Florida 32794

Zip

Country

29 32794

30

US

9. Name and Address of Current Registered Agent

MICHAELS, ALLAN M.
102 EASTWIND LANE
FERN PARK FL 32730

10. Name and Address of New Registered Agent

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 fee, if applicable

Signature, typed or printed name of registered agent and fee, if applicable

DATE

4/24/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS MICHAELS, ALLAN M.
CITY-ST-ZIP 102 EASTWIND LANE
FERN PARK FL

TITLE ☐ DELETE

NAME ST
STREET ADDRESS MICHAELS, ALLAN M.
CITY-ST-ZIP 102 EASTWIND LANE
FERN PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE  ALLAN M. MICHAELS 102 Eastwind Lane Fern Park, FL 32730 407-740-7500

CP2E034 (10/97)