

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # J83686

(2)

1. Corporation Name

RECOVERY SYSTEMS, INC.

Principal Place of Business

**5371 N.W. 33RD AVE.
STE. 202
FT. LAUDERDALE FL 33309**

Mailing Address

**5371 N.W. 33RD AVE.
STE. 202
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

30

**MOORE, RICK
%LOJACK OF FLORIDA
5371 N.W. 33RD AVE., STE. 202
FT. LAUDERDALE FL 33309**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/17/1987

3a. Date of Last Report

03/01/1995

4. FEI Number

59-2823667

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 the corporation

Signature, typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
DALEY, C. MICHAEL**
STREET ADDRESS **333 ELM ST**
CITY-STATE-ZIP **DEDHAM MA**

TITLE ☐ DELETE

NAME **VDT
ABELY, JOSEPH F.**
STREET ADDRESS **333 ELM ST**
CITY-STATE-ZIP **DEDHAM MA**

TITLE ☐ DELETE

NAME **SD
WOOTERS, THOMAS A.**
STREET ADDRESS **333 ELM ST**
CITY-STATE-ZIP **DEDHAM MA**

TITLE ☐ DELETE

NAME **AS
ABELY, JOSEPH F.**
STREET ADDRESS **333 ELM ST**
CITY-STATE-ZIP **DEDHAM MA**

TITLE ☐ DELETE

NAME **D
DUVALL, WILLIAM R.**
STREET ADDRESS **333 ELM ST**
CITY-STATE-ZIP **DEDHAM MA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**400001874934
-06/25/96--01079--042
***200.00**

☐ Change ☐ Addition

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)(k), 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 or changed, or on an attachment with an address

SIGNATURE:

M. Kuby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 617-326-4700
DATE OF FILING PHONE

CR2E034 (12/95)