

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33309-6346
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1987	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-2823667	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent MOORE, RICK %LOJACK OF FLORIDA 5971 N.W. 33RD AVE., STE. 202 FT. LAUDERDALE FL 33309		10. Name and Address of New Registered Agent	
B1 Name			
B2 Street Address (P.O. Box Number is Not Acceptable)			
B3			
B4 City		FL	B5 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DALEY, C. MICHAEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, C. MICHAEL	1.2 NAME	
STREET ADDRESS	333 ELM ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA	1.4 CITY-ST-ZIP	
TITLE	VDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELY, JOSEPH F.	2.2 NAME	
STREET ADDRESS	333 ELM ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WOOTERS, THOMAS A.	3.2 NAME	
STREET ADDRESS	333 ELM ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ABELY, JOSEPH F.	4.2 NAME	
STREET ADDRESS	333 ELM ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVALL, WILLIAM R.	5.2 NAME	
STREET ADDRESS	333 ELM ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:  C. Michael Daley, Chief Executive Officer
Date: 4/2/97 Daytime Phone #: 617-826-4700

1 (9/96)