

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 PM 3:15

DOCUMENT # **K34198** (7)

1. Corporation Name  
**S.B.I. RECOVERY, INC.**

Principal Place of Business  
**1126 S. FEDERAL HWY #392  
FORT LAUDERDALE FL 33316**

Mailing Address  
**1126 S. FEDERAL HWY #392  
101 NE 9 AVE SUITE 300  
FORT LAUDERDALE FL 33316  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/26/1988** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0075806** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **818 NE 1st Avenue** 26 **818 NE 1st Avenue**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
**Ft. Lauderdale FL** 28 **Ft. Lauderdale FL**  
Zip Country Zip Country  
24 **33304** 25 **Broward** 29 **33304** 30 **Broward**

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

9. Name and Address of Current Registered Agent

**GOLDING, SHELDON  
101 NE 3 AVE SUITE 300  
FT. LAUDERDALE FL 33301**

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PVS</b>
NAME	<b>GOLDING, SANDY MARK</b>
STREET ADDRESS	<b>1126 S. FEDERAL HWY #392</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>TD</b>
NAME	<b>GOLDING, SANDY MARK</b>
STREET ADDRESS	<b>1126 S. FEDERAL HWY #392</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>818 NE 1st Avenue</b>
1.4 CITY - ST - ZIP	<b>Ft. Lauderdale FL 33304</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>818 NE 1st Avenue</b>
2.4 CITY - ST - ZIP	<b>Ft. Lauderdale FL 33304</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, given in attachment with an address.

SIGNATURE: *Sandy Mark Golding* President **1/30/95** **305-467-7083**  
DATE (Month/Day/Year) Phone #