FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L34968** **(2)**

1. Corporation Name
CONTINENTAL RECOVERY SERVICES, INC.

Principal Place of Business	Mailing Address
C/O HHL FINANCIAL SERVICES, INC. 600 NORTHERN BOULEVARD GREAT NECK NY 11021	C/O HHL FINANCIAL SERVICES, INC. 600 NORTHERN BOULEVARD GREAT NECK NY 11021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21 Continental Recovery Services, Inc.
Suite, Apt. #, etc.: 22 9350 S. Dixie Highway
City & State: 23 Miami, FL
Zip: 24 33156 County: 25 Dade

2a. Mailing Address: 26 c/o HHL Financial Services, Inc.
Suite, Apt. #, etc.: 27 1000 Woodbury Road
City & State: 28 Woodbury, NY
Zip: 29 11797 County: 30 Nassau

4. FEI Number: 65-0158644 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM,INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	RANDOLPH, GREGORY	12 NAME		
STREET ADDRESS	9350 S. DIXIE HWY.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	No longer a Director	☒ Change ☐ Addition
NAME	SAGE, RICHARD D.	22 NAME		
STREET ADDRESS	9350 S. DIXIE HWY	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	DROSSMAN, KEN	32 NAME	Ken R. Drossman	
STREET ADDRESS	9350 S DIXIE HWY	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	VPS	41 TITLE		☐ Change ☐ Addition
NAME	ROSEN, JOSEPH F	42 NAME		
STREET ADDRESS	9350 S DIXIE HWY	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Ken R. Drossman, Director — 4/20/95 — 516-677-8212
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED — Date — Daytime Phone #

Ken R. Drossman

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