

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N22762 (1)

1. Corporation Name

FLORIDA ASSOCIATION OF LICENSED RECOVERY AGENTS,
INC.

Principal Place of Business

433-75TH AVE.
ST. PETE BEACH FL 33706

Mailing Address

P.O. BOX 66572
ST. PETE BEACH FL 33676-6572



3. Date Incorporated or Qualified
09/30/1987

3a. Date of Last Report
10/06/1995

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

4. FEI Number
59-2994561

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

10. Name and Address of New Registered Agent

KILPATRICK, KELLEY
433-75TH AVE.
ST. PETE BEACH FL 33706

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kelley Kilpatrick

KELLEY KILPATRICK

2/10/96

(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KILPATRICK, JOHN W.
STREET ADDRESS 5210 GEORGE ROAD
CITY-ST-ZIP TAMPA FL 33634

1.1 TITLE PD
1.2 NAME KILPATRICK, JOHN W.
1.3 STREET ADDRESS 5120 GEORGE RD.
1.4 CITY-ST-ZIP TAMPA, FL 33614

TITLE 1VD
NAME MCCOY, SANDRA "GAYLA"
STREET ADDRESS 2649 ELECTRONICS WAY
CITY-ST-ZIP WEST PALM BEACH FL 33407

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE 2V
NAME BLANTON, MARVIN W.
STREET ADDRESS 919 EAST ROSE STREET
CITY-ST-ZIP LAKELAND FL 33802

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE 3V
NAME LACEK, MARK
STREET ADDRESS 17949 W. ST. ROAD 50
CITY-ST-ZIP WINTER GARDEN FL 34787

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ST
NAME CAVE, DREW H.
STREET ADDRESS 1732 OLIVE STREET
CITY-ST-ZIP LAKELAND FL 33801

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ED
NAME MCCOY, GLEN
STREET ADDRESS 831A EDWARDS ROAD
CITY-ST-ZIP FT. PIERCE FL 34982

6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

2/10/96

813/886-4575

CR2E037 (12/95)