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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22762

1. Corporation Name

FLORIDA ASSOCIATION OF LICENSED RECOVERY AGENTS, INC.

576260 - 90009 - 45

Principal Place of Business	Mailing Address
13718 E HWY 50 CLERMONT FL 34711 US	P.O. BOX 121454 CLERMONT FL 34712-1454 US

2. Principal Place of Business 21 635 W. Hwy. 50	2a. Mailing Address 26 NO CHANGE	3. Date Incorporated or Qualified 09/30/1987
Suite, Apt. #, etc. 22 SUITE B	Suite, Apt. #, etc. 27	4. FEI Number 59-2994561 ☐ Applied For ☐ Not Applicable
City & State 23 CLERMONT, FL	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 34711 25 US	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KILPATRICK, KELLEY
13718 E HWY 50
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name: KELLEY KILPATRICK
82 Street Address (P.O. Box Number is Not Acceptable): 635 W. HWY 50
83 SUITE B
84 City: CLERMONT FL 85 Zip Code: 34711

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 4/28/99
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	KILPATRICK, JOHN W DIRECTOR		1.2 NAME	DEBRA LACEK	
STREET ADDRESS	5120 GEORGE RD		1.3 STREET ADDRESS	19149 W SR 50	
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP	WINTER GARDEN, FL 33880	
TITLE	3VP 2ND VP	☐ DELETE	2.1 TITLE	3RD VP	☐ Change ☒ Addition
NAME	PADGETT, ROBERT		2.2 NAME	DENNIS H. ENDERS	
STREET ADDRESS	2332 CROYDON RD		2.3 STREET ADDRESS	25343 SW 142ND AVE.	
CITY-ST-ZIP	SEBRING FL 33870		2.4 CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE	2V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, EBY		3.2 NAME		
STREET ADDRESS	56 HARVARD STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34295		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LACEK, MARK DIRECTOR		4.2 NAME		
STREET ADDRESS	17949 W SR 50		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAVE, DREW		5.2 NAME		
STREET ADDRESS	5011 RECKER HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		5.4 CITY-ST-ZIP		
TITLE	1V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, GEORGE DIRECTOR		6.2 NAME		
STREET ADDRESS	744 N. ANDREWS AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] REQUIRED 04/28/99 407/654-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #