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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P23562 (2)
1. Corporation Name
REAL ESTATE RECOVERY, INC.

Principal Place of Business Mailing Address
950 HERNDON PKWY 950 HERNDON PKWY
#200 #200
HERNDON VA 20170 HERNDON VA 22070
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 03/24/1989	
4. FEI Number 54-1497608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOLLOWELL, RICHARD 927 CLINT MOORE ROAD BOCA RATON FL 33487		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		ROBERT GELMAN, ROBERT 927 CLINT MOORE ROAD BOCA RATON FL 33487	

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 *Robert G. Gelman* 4/20/98 DATE 4/20/98
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	CTD
NAME	KALLIVOKAS, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	950 HERNDON PKWY #210	1.3 STREET ADDRESS	950 HERNDON PKWY #200
CITY-ST-ZIP	HERNDON VA 22070	1.4 CITY-ST-ZIP	20170
TITLE	AS	2.1 TITLE	
NAME	KALLIVOKAS, PATRICIA	2.2 NAME	
STREET ADDRESS	950 HERNDON	2.3 STREET ADDRESS	950 HERNDON PKWY #200
CITY-ST-ZIP	HERNDON VA	2.4 CITY-ST-ZIP	20170
TITLE	S	3.1 TITLE	
NAME	KALLIVOKAS, SCOTT	3.2 NAME	
STREET ADDRESS	950 HERNDON PARKWAY, #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA	3.4 CITY-ST-ZIP	20170
TITLE	P	4.1 TITLE	
NAME	HOLLOWELL, RICH	4.2 NAME	
STREET ADDRESS	927 CLINT MOORE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	STP	5.1 TITLE	STP V
NAME		5.2 NAME	GELMAN, ROBERT
STREET ADDRESS		5.3 STREET ADDRESS	927 CLINT MOORE ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE *Robert G. Gelman* 4/20/98 DATE 4/20/98

CR2E034 (10/97)