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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000044060 (0)

1. Corporation Name:
ALL PRO RECOVERY, INC.



Principal Place of Business
568 W. SILVER STAR EXT.
OCOE FL 34761

Mailing Address
PO BOX 366
OCOE FL 34761-0366

3. Date Incorporated or Qualified 06/02/1993	3a. Date of Last Report 03/29/1996
4. FEI Number 59-3183695	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Country
24	29

9. Name and Address of Current Registered Agent

JARRELL, ARLIE L
568 W. SILVER STAR EXT.
OCOE FL 34761

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JARRELL, ARLIE L	1.2 NAME	JARRELL, ARLIE L
STREET ADDRESS	7805 LISA DR.	1.3 STREET ADDRESS	18515 Weedy Fields Dr
CITY - ST - ZIP	JACKSONVILLE FL 32217	1.4 CITY - ST - ZIP	Groveland, FL 34736
TITLE	D	2.1 TITLE	D
NAME	JARRELL, LINDA J	2.2 NAME	Jarrell, Linda J
STREET ADDRESS	7805 LISA DR.	2.3 STREET ADDRESS	18515 Weedy Fields Dr
CITY - ST - ZIP	JACKSONVILLE FL 32217	2.4 CITY - ST - ZIP	Groveland, FL 34736
TITLE	D	3.1 TITLE	
NAME	FLETCHER, DAVID L	3.2 NAME	
STREET ADDRESS	7763 LISA DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32217	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	FLETCHER, MARTHA R	4.2 NAME	
STREET ADDRESS	7763 LISA DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32217	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Archie L. Jarrell* President 2/28/97 (407) 877-0345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)