

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075585 (8)**

AUTOMATED RECOVERY SYSTEMS, INC.

Name and Address of Corporation: **6308 NEWTOWN CIRCLE SUITE C-2 TAMPA FL 33615**
 Mailing Address: **6308 NEWTOWN CIRCLE SUITE C-2 TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered		3a. Date of Last Report	
10/25/1993		04/26/1994	
4. FEI Number		Applied For	
59-3213702		Not Applicable	
5. Certificate of Status Debated		<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. 198.04, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Office of Corporation		26. Mailing Address	
22. State Agent Name		27. State Agent Address	
23. City & State		28. City & State	
24. Country		29. Country	
25. Country		30. Country	

9. Name and Address of Current Registered Agent: **CLINE, TIMOTHY C 6308 NEWTON CIRCLE SUITE C-2 TAMPA FL 33615**

10. Name and Address of New Registered Agent:

B1. Name	
B2. Street Address (P.O. Box Number is Not Applicable)	
B3. City	
B4. State	FL
B5. Zip Code	

11. Pursuant to the provisions of Sections 600, 601, and 602, Board of Directors of the above named corporation hereby certifies for the purpose of changing its registered office or registered agent or both in the State of Florida, that the change was authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent for the corporation and I accept the obligations of Section 602, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. NAME	D CLINE, TIMOTHY C	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
2. STREET ADDRESS	6308 NEWTON CIRCLE, #C-2	2. STREET ADDRESS	
3. CITY	TAMPA FL 33615	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 198.04(1)(b), Florida Statutes. I further certify that the information included 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 its owner or trustee empowered to execute this report as required by Chapter 600, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *X Timothy C. Cline / Timothy C. Cline*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/95 813-855-4345