FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001480928
-05/09/95--01036--023
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000082677

1. Corporation Name
SOUTH FLORIDA RECOVERY, INC.

Principal Place of Business
44 N.E. 16 Street
Hollywood, FL 33030

Mailing Address
P. O. Box 1822
Gainesville, GA 30503

3. Date Incorporated or Qualified: 12/2/93
3a. Date of Last Report: 7/6/94

2. Principal Place of Business
21 150 South Pine Island Rd.
22 Suite, Apt. #, etc. Suite 100
23 City & State: Plantation, FL
24 Zip: 33324
25 Country:

2a. Mailing Address
26 150 South Pine Island Rd.
27 Suite, Apt. #, etc. Suite 100
28 City & State: Plantation, FL
29 Zip: 33324
30 Country:

4. FEI Number: 65-0474480 ☐ 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

John P. Maas
44 N. E. 16 Street
Homestead, FL 33030

10. Name and Address of New Registered Agent

81 Name: Laz L. Schneider
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. E. 3 Avenue
83 Suite 400
84 City: Ft. Lauderdale, 85 FL Zip Code: 33301

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: [signature] Laz L. Schneider DATE: 4/14/95
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	Cornett, James S.	12 NAME	Delete
STREET ADDRESS	44 N.E. 16 Street	13 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33030	14 CITY-ST-ZIP	
TITLE		21 TITLE	D/CFO ☐ Change ☒ Addition
NAME		22 NAME	Kabot, Gary
STREET ADDRESS		23 STREET ADDRESS	9200 N.W. 14 Court
CITY-ST-ZIP		24 CITY-ST-ZIP	Plantation, FL 33322
TITLE		31 TITLE	DS ☐ Change ☒ Addition
NAME		32 NAME	Rigby, T. Alec
STREET ADDRESS		33 STREET ADDRESS	1720 S. Ocean Boulevard
CITY ST ZIP		34 CITY ST ZIP	Manalapan, FL 33462
TITLE		41 TITLE	DVP ☐ Change ☒ Addition
NAME		42 NAME	Roberts, Thomas
STREET ADDRESS		43 STREET ADDRESS	150 South Pine Island Rd., Suite 100
CITY ST ZIP		44 CITY ST ZIP	Plantation, FL 33324
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemptions 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: [signature] 4/26/95 305 370-9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gary Kabot, Director