SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400008278 (1)

STRATEGIC RECOVERY INC

Principal Place of Business	Mailing Address	
11595 KELLY RD. FT. MYERS FL 33908 US	11595 KELLY RD/ FT. MYERS FL 33908 US	

FILED Aug 20 1998 8:00am Secretary of State



US	US							DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified		
									01/24/1994			
2. Principal Pi	2. Principal Place of Business			2a. Mailing Address						4. FEI Number	Applied For	
21	เ			26					:	65-0048602	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.			1	Suite, Apt. #, etc.						\$8.75 Additional	
22				27						5. Certificate of Status Desired	Fee Required	
City & State	В		City & State						6. Election Campaign Financing	\$5.00 May Be		
23		·—		28						Trust Fund Contribution	Added to Fees	
Zip 24	Country Zip Country 25 29 30						1		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	25 29 30 9. Name and Address of Current Registered Agent						<u> </u>			10. Name and Address of New Registered Agent		
									Name			
	5 TAM IAM		. N.				82 Street Address (P.O. Box Number is Not Acceptable)					
NAPI	LES FL 339	963										
							83	1				
							84	╁	City		85 Zip Code	
							0	l	City	FL \	21p 000e	
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 a	regi ste red ag	gent,	or both, in the State o	f Flor	rida. Such change was of, section 607,0505, FI	authoriz	ed by	/ (the corporation	n's board of directors. I hereby accept the appointn	nent as registered	
•	icci interisional vi	VILIT,	and accept the obligati	OHS	oi, section 607,0505, Fi	onda 5	iaiules	5.				
SIGNATURE .	Signature, typed	or pri	nted name of registered agent a	nd tille	e l'applicable. (N	OTE: Reg	istered A	ωe	ent signature require	ed when reinstating) DATE		
12.			OFFICERS AND	DIR	······································	1		_		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D				DELETE	1.1	1.1 TITLE			Change Addition		
NAME	KLAUSNE	Ω :	HARRY			12	1.2 NAME) Citaligo Addition	
STREET ADDRESS) BLVD. APT. 713 N						PPDECO			
. ,				•					DDRESS			
CITY-ST-ZIP						CITY-ST	I-Z	ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	D				DELETE		TITLE)	L_	Change Addition	
NAME	KLAUSNE					2.2	NAME					
STREET ADDRESS	1110 2012110 02101111 1111011						STREET	A	DDRESS	e constant and a second		
CITY-ST-ZIP	FT MYER	S B	EACH FL 33931			2.4	CITY-ST	1-7	ZIP			
TITLE					DELETE	3.1	3.1 TITLE Change			Change Addition		
NAME	· · · · · · · · · · · · · · · · · · ·						3.2 NAME					
STREET ADDRESS						3.3	.3 STREET ADDRESS					
CITY-ST-ZIP							CITY-ST	r-Z	ZIP			
TITLE	— 				DELETE		TITLE				Change Addition	
NAME							2 NAME			1 2 margo Accomot		
STREET ADDRESS	j B						3 STREET ADDRESS					
CITY-\$T-ZIP												
TITLE					Decem		CITY-ST	1-2	LIF		Observe Theory	
					DELETE	- 1	NAME			L.	Change Addition	
NAME												
STREET ADDRESS									DORESS			
CITY-ST-ZIP							CITY-ST	-Z	ZIP			
TITLE					DELETE	6.1	TITLE			L	Change Addition	
NAME (6.2	NAME		ĺ			
STREET ADDRESS						6.3	STREET	A	DDRESS)			
CITY-ST-ZIP						6.4	CITY-ST	[-Z	tiP			
14. I hereby ce	rtily that the	info	mation supplied with the	is fil	ing does not qualify for t	the exer	mption	1 5	stated in section	on 119.07(3)(i), Florida Statutes. I further certify tha	t 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: Antilowith Winday Klavinen 5/12/98												
SIGNAT	URE:	4	mounder	المراشق		CM E	YLL	6	ausne	N 5/12/78		