

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 18 1996 8:00 am  
Secretary of State

DOCUMENT # P94000014703 (0)

1. Corporation Name

TOTAL RECOVERY, INC.



Principal Place of Business

Mailing Address

4654 BROOK DR.  
WEST PALM BEACH FL 33417

4654 BROOK DR.  
WEST PALM BEACH FL 33417

2. Principal Place of Business

2a. Mailing Address

21 4731 W. Atlantic Ave #18

same as 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Delray Beach Fl

27

City & State

23 33445

28

City & State

24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
02/23/1994

3a. Date of Last Report  
08/08/1995

4. FEI Number

65-0468744

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

10. Name and Address of New Registered Agent

LEVIN, JOSEPH  
229 RIDGEVIEW DR.  
PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LEVIN, JOHN R  
STREET ADDRESS 4654 BROOK DR.  
CITY-STATE-ZIP WEST PALM BEACH FL 33417

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, John R ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4654 Brook Dr.  
1.4 CITY-STATE-ZIP West Palm Beach, FL 33417

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME secretary  
2.3 STREET ADDRESS Cynthia Swanson  
2.4 CITY-STATE-ZIP 4654 Brook Dr.  
West Palm Beach, FL 33417

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Cynthia Swanson CYNTHIA SWANSON

Date:

Daytime Phone #

407-496-1670

CR2E034 (12/95)