FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024479 (5)

RECALL RESEARCH & DEVELOPMENT, INC.

FILED Apr 30 1997 8:00am Secretary of State

2533 W. HIGHLAND PK. RD. SANFORD AIRPORT DELAND FL 32720 US		2533 W. HIGHLAND PK RD. SANFORD AIRPORT DELAND FL 32720-3816 US		Date incorporated or Qualified 03/30/1994	3a. Date of Last Report 05/01/1996	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
	220 30th Street 26 1220 30th			et	26-5607972	Not Applicable
Sulte, Apt.	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Sanf	e City & State Ord, FL 28 Sanford, H		FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Соилtry		8. This corporation has liability for it	ntangible tax under s. 199.032,
24 3277		29 32773	30 Se	minole		Yes 📆 No
ļ	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
	CCONNELL, JOHN C ESQ.		8	1 Name		
	FORT FLORIDA ROAD BARY FL 32713		8	2 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	SAIL LE OF LO		8	3		
			8	'		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligation	and 607.1508, Florida Statut of Florida, Such change was a tions of Section 607.0505. Fit	es, the abo authorized I orida Statut	ve-named corp by the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE						
	Signature, typod or printed name of registered agen			gent signature requir		DATE
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	MACCONNELL, JOHN C ESQ.		1.2 NAMI			
STREET ADDRESS	140 FORT FLORIDA ROAD			E1 ADDRESS		
CITY-ST-ZIP TITLE	DEBARY FL	DELETE	1.4 CITY 2.1 TITLE			Change Addition
NAME	PS Laisy, Mary ann	LI Otter	2.2 NAM	1		change Addition
STREET ADDRESS	2533 W. HIGHLAND PK RD.			EL ADDRESS		
CITY-ST-ZIP	DELAND FL		2.4 CITY			
TITLE	DELETE		3.1 TITLE	31 211		Change Addition
NAME			3.2 NAMI			- • -
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. City	- S1 - ZiP		
TITLE	☐ DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAM	F		
STREET ADDRESS			4.3 STRE	E1 AUDRESS		
CITY-ST-ZIP			4.4 CITY	\$1-7IP		
TITLE		☐ DELETE	5 1 THLE			Change Addition
NAME			5.2 NAM			
STREET ADDRESS			53 STRE	T ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY	\$1 - 7IP		
TITLE		☐ DELETE	61 THUE			Change Addition
NAME			62 NAM			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY	S1-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.