

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:48

DOCUMENT # P94000039031 (7)

1. Corporation Name

ADVOCATE'S P.D. RECOVERY, INC.

Principal Place of Business

1800 WEST 49TH ST.
SUITE 232
HIALEAH FL 33012

Mailing Address

1800 WEST 49TH ST.
SUITE 232
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

2. Principal Place of Business

21 4160 W. 16TH AVE

2a. Mailing Address

26 4160 W. 16TH AVE

4. FCI Number

65-0496602

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

22 HIALEAH

City & State

27 HIALEAH

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Country

24 33012

Country

25 DATE

Zip

29 33012

Country

30 DATE

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
SUITE 232
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name DAVID M. SOSTCHIN
82 Street Address (P.O. Box Number is Not Acceptable)
4160 W. 16TH AVE # 504
83
84 City HIALEAH FL 85 Zip Code 33012

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 607.0504, Florida Statutes.

SIGNATURE

[Signature]

3/28/95

(NOTE: Registered Agent signature required when filing this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D. S. V. P.
NAME	SOSTCHIN, DAVID M
STREET ADDRESS	1800 W. 49TH ST. #232
CITY, ST, ZIP	HIALEAH FL 33012
TITLE	D. T. P.
NAME	ALCANTARA, FRANCISCO E
STREET ADDRESS	1800 W. 49TH ST. #232
CITY, ST, ZIP	HIALEAH FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, 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 110.07(3)(b), 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]
DAVID M. SOSTCHIN

3/1/95 (305) 361-0162
Date Signature