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 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056903 (5)**

1. Corporation Name
VALUE RECOVERY GROUP, TECTON ALLIANCE INC.

Principal Place of Business	Mailing Address
2 S UNIVERSITY DR SUITE 325 PLANTATION FL 33324	2 S UNIVERSITY DR SUITE 325 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 62-1574717 ☐ 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

FIRESTONE, GEORGE
2 S UNIVERSITY DR
SUITE 325
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE	D/VC/CEO	☒ Change ☐ Addition
NAME	FROMM, BARRY	12 NAME	2780 Folkstone Road	
STREET ADDRESS	2 S UNIVERSITY DR SUITE 325	13 STREET ADDRESS	Columbus, Ohio 43220	
CITY-ST-ZIP	PLANTATION FL 33324	14 CITY-ST-ZIP		
TITLE		21 TITLE	D/C	☐ Change ☒ Addition
NAME		22 NAME	George Firestone	
STREET ADDRESS		23 STREET ADDRESS	10414 Bermuda Drive	
CITY-ST-ZIP		24 CITY-ST-ZIP	Cooper City, FL 33026	
TITLE		31 TITLE	V	☐ Change ☐ Addition
NAME		32 NAME	[illegible]	
STREET ADDRESS		33 STREET ADDRESS	[illegible]	
CITY-ST-ZIP		34 CITY-ST-ZIP	[illegible]	
TITLE		41 TITLE	[illegible]	☐ Change ☐ Addition
NAME		42 NAME	[illegible]	
STREET ADDRESS		43 STREET ADDRESS	[illegible]	
CITY-ST-ZIP		44 CITY-ST-ZIP	[illegible]	
TITLE		51 TITLE	V/S	☐ Change ☒ Addition
NAME		52 NAME	Virginia J. Lee	
STREET ADDRESS		53 STREET ADDRESS	355 East Northwood Avenue	
CITY-ST-ZIP		54 CITY-ST-ZIP	Columbus Ohio 43201	
TITLE		61 TITLE	P	☐ Change ☒ Addition
NAME		62 NAME	Gerald A. Lewis	
STREET ADDRESS		63 STREET ADDRESS	813 Maderia Circle	
CITY-ST-ZIP		64 CITY-ST-ZIP	Tallahassee, Florida 32312	

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)(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: _____ 1/25/95 (305) 423-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

083010 CP