

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000056903 (5)**

1. Corporation Name

VALUE RECOVERY GROUP, TECTON ALLIANCE INC.



Principal Place of Business

**2 S UNIVERSITY DR
SUITE 325
PLANTATION FL 33324**

Mailing Address

**2 S UNIVERSITY DR
SUITE 325
PLANTATION FL 33324**

3. Date Incorporated or Qualified
08/02/1994

3a. Date of Last Report
05/01/1995

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

(Signature typed or printed name of registered agent for this change)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP** ☐ DELETE
NAME **FROMM, BARRY**
STREET ADDRESS **2780 FOLKSTONE ROAD**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **DC** ☐ DELETE
NAME **FIRESTONE, GEORGE**
STREET ADDRESS **10414 BERMUDA DRIVE**
CITY-ST-ZIP **COOPER CITY FL**

TITLE **VS** ☐ DELETE
NAME **LEE, VIRGINIA J**
STREET ADDRESS **355 EAST NORTHWOOD AVENUE**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **P** ☐ DELETE
NAME **LEWIS, GERALD A**
STREET ADDRESS **813 MADERIA CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Fromm, President

4/11/96

614 481-6565

CR2E034 (12/95)