

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

DOCUMENT # **P94000067913 (1)**

1. Corporation Name

ASSET RETRIEVAL CORPORATION OF MERRITT ISLAND



Principal Place of Business

Mailing Address

96 WILLARD ST
SUITE 306
COCOA FL 32922
US

96 WILLARD ST
SUITE 306
COCOA FL 32922
US

3. Date Incorporated or Qualified
09/13/1994

3a. Date of Last Report
04/27/1995

2. Principal Place of Business
21 **315 Brevard Ave., #6**

2a. Mailing Address
26 **315 Brevard Ave., #6**

4. FEI Number
59-3267756

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State
Cocoa, FL

27 City & State
Cocoa, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip
32922

Country

28 Zip
32922

Country

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

**MITCHELL, BRUCE A
1825 S RIVERVIEW DR
MELBOURNE FL 32901**

81 Name
James L. Reinman

82 Street Address (P.O. Box Number is Not Acceptable)
1825 S. Riverview Dr.

83

84 City
Melbourne

85 Zip Code
FL 32901

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 reinstating)

DATE

4/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **KISSIAH, ADAM M JR**
CITY-STATE-ZIP **155 BRANDY LN
MERRITT ISLAND FL**

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

TITLE ☐ DELETE
NAME **VP/S/T**
STREET ADDRESS **MICHEAL K. KISSIAH**
CITY-STATE-ZIP **96 WILLARD ST., #306
COCOA FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Michael K. Kissiah**
2.3 STREET ADDRESS **315 Brevard Ave.**
2.4 CITY-STATE-ZIP **Cocoa, FL 32922**

TITLE ☒ DELETE
NAME **ST**
STREET ADDRESS **MICHEAL K. KISSIAH**
CITY-STATE-ZIP **96 WILLARD ST., #306
COCOA FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Adam M. Kissiah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 1996 (407)636-2151
Date Daytime Phone #

CR2E034 (12/95)