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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000080866

1. Corporation Name
INTERNATIONAL RESEARCH & RECOVERY INC.

Principal Place of Business
302 GARDENS DRIVE SUITE 103
POMPANO BCH FL 33069.

Mailing Address

3. Date Incorporated or Qualified	3a. Date of Last Report 01/1996
4. FEI Number 650552422	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)	2a. Mailing Address (26) PO BOX 936015
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28) MARIATTA FL
Zip (24) / Country (25)	Zip (29) 33093 / Country (30) BROWARD

9. Name and Address of Current Registered Agent
KEITH BODNER
302 GARDENS DRIVE SUITE 103
POMPANO BCH FL
33069

10. Name and Address of New Registered Agent
81 Name: KEITH BODNER
82 Street Address (P.O. Box Number is Not Acceptable): 302 GARDENS DRIVE STE 103
83
84 City: POMPANO BCH FL 85 Zip Code: 33069

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] 4/01/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRS NAME STREET ADDRESS CITY-ST-ZIP	THOMAS ALOYD BOX 936015 MARIATTA FL 33093 N/A ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	KEITH BODNER PO BOX 936 N/A MARIATTA FL 33093. ☐ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	JANICE BASILE PO BOX 936015 N/A MARIATTA FL 33013 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP	KEITH BODNER PO BOX 936015 N/A MARIATTA FL 33093 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	JANICE BASILE 302 GARDENS DR 103 POMPANO BCH FL 33069 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002190896 -05/27/97--01013--045 ***165.00
TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP	KEITH BODNER 302 GARDENS DRIVE POMPANO BCH FL 33069 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition DELETE 5/14
TITLE DVS NAME STREET ADDRESS CITY-ST-ZIP	THOMAS ALOYD 302 GARDENS DR 103 POMPANO BCH FL 33069 ☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☒ Change ☐ Addition THOMAS ALOYD 302 GARDENS 103 POMPANO BCH FL 33069

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: [signature] 5/01/97 Daytime Phone 877-3096 954-954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date