## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

POCUMENT # P94000086124 (2)

**CREDITOR RECOVERY, INC.** 

## FILED May 01 1997 8:00am Secretary of State

Principal Place	of Business	Mailing Address		
936 S. MILITARY DEERFIELD BEA		P.O. BOX 2398 FT. LAUDERDALE FL 3330	03-2398	
				3. Date incorporated or Qualified   3a. Date of Last Report   11/28/1994   03/15/1996
2. Principal Pla	ce of Business V. Hilsburv BLVO	2a. Mailing Address		4. FEI Number Applied For
21 16724 Sulte, Apt. #		Suite, Apt. #, etc.		65-0584037 Not Applicable
22 SU. H	232	27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	CIECO BEACHIF	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 33 4	- Country USA	7 ip 29	Country 30	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes     Yes  No
<u> </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
WEST, MARK  B1 Name MARK THOMA-S				
4173 SW 51ST STREET			82 Street	
FT. LAUDERDALE FL 33315			83	t Address IP.O. Box Number is Not Acceptable to ef-
i			83	
			84 City	Fr. Laudorda Le FL 85 33315
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 a section of 0.0505, Florida Statutos.				
SIGNATURE Signature, typed or printed name of registered dumin of title if applicable (MOTE: Box stored Agent signature required when reinstaining)  DATE  THE PROPERTY OF THE				
12,	OFFICERS AND	· —, · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOLE	D	DELFTE	1.1 TILE	D. P. T, S Change Addition
NAME	WEST, MARK		1.2 NAME	MANUE - HOMAN
STREET ADDRESS	5143 SW 51ST STREET		1.3 STREET ADDRESS	Mark Thomas 1672 W. HILLS BORD BLUD 5-210 DESCRIBLO BOACH, FL 33442
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		1.4 CITY-ST-7IP	DARCHIELD BOACHIFL 33442
TITLE		DELETE	2.1 THEF	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY - ST - ZIP	
TITLE		DELETE	3 1 1111.1	Change Addition
NAME [			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-\$T-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREFT ADDRESS	$\cap$
CITY-ST-ZIP		bb.ess	4.4 CITY~ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change / Addition
NAME			5.2 NAME	16 5/1/20
STREET ADDRESS			5.3 STREET ADDRESS	11/1/94
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	<del>                                     </del>
TITLE		☐ DELETE	61 Tritt	Addition
NAME			6.2 NAME	000002165230 -05/05/9701014070
STREET ADDRESS			6.3 STREET ADDRESS	***173.75
14 Ldo bereby	certify that the information supplied	with this filing does not quali-	fy for the examption	赤木木 [10]。「O stated in Section 119 07(3Vi) 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.

CIGNATURE.

Mayle Home

Paredent

4-28-57 (654)427-1007