**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 APR 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091235 (9)**

1. Corporation Name

**AG RECOVERY CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 700 SOUTH ANDREWS<br>FORT LAUDERDALE FL 33316 | 700 SOUTH ANDREWS<br>FORT LAUDERDALE FL 33316 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1994**

3a. Date of Last Report:

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 888 E. Las Olas Blvd | 26 888 E Las Olas Blvd |
| Suite Apt. #, etc. | Suite Apt. #, etc. |
| 22 #710 | 27 #710 |
| City & State | City & State |
| 23 Fort Lauderdale FL | 28 Fort Lauderdale FL |
| Zip / Country | Zip / Country |
| 24 33301 / 25 USA | 29 33301 / 30 USA |

4. FEI Number: 65-0567685 — ☐ 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 files (elects) for intangible tax under § 199.032, Florida Statutes: ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| FEINSTEIN, MICHAEL<br>700 SOUTH ANDREWS<br>FORT LAUDERDALE FL 33316 | 81 Name: MICHAEL L. FEINSTEIN<br>82 Street Address (P.O. Box Number is Not Acceptable): 888 E. Las Olas Blvd<br>83 #710<br>84 City: FORT LAUDERDALE FL 85 Zip Code: 33301 |

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] MICHAEL L. FEINSTEIN 3/13/95
(Typed or Printed Name of Registered Agent and Title, if Officer) (Registered Agent Signature Required When Applicable) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 1995 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DIRECTOR<br>MICHAEL L. FEINSTEIN<br>888 E LAS OLAS BLVD SUITE 710<br>FT LAUDERDALE, FL 33301 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DIRECTOR<br>DAVID J. WOLFE<br>123 NW 13TH ST 305A<br>Boca Raton, FL. 33432 | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | ☐ Change ☐ Addition |

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:** [signature] MICHAEL L. FEINSTEIN 3/13/95 305-767-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001909 FP