

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000008448 (9)

1. Corporation Name

DUNDALE ASSET RECOVERY, INC.



Principal Place of Business

**3312 SOUTHWEST 1ST AVE.
MIAMI FL 33145**

Mailing Address

**3312 SOUTHWEST 1ST AVE.
MIAMI FL 33145**

2. Principal Place of Business
21 DUNDALE ASSET RECOVERY, INC.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report
1-27-95

4. FEI Number
65-0552352

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

9. Name and Address of Current Registered Agent

**HICKEY, HAROLD V
890 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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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 and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNDALE, MARK	
STREET ADDRESS	3312 SOUTHWEST 1ST AVE.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUNDALE, BRIAN	
STREET ADDRESS	3312 SOUTHWEST 1ST AVE.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	DUNDALE, BRIAN
2.4 CITY-ST-ZIP	3731 SW 77ST GAINESVILLE FL 32608
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	DUNDALE MARY
3.4 CITY-ST-ZIP	3731 SW 77ST GAINESVILLE FL 32608
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CORPORATE SECRETARY
4.3 STREET ADDRESS	DUNDALE LEEDA
4.4 CITY-ST-ZIP	3312 SW 1ST AVE MIAMI FL 33145
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 or on an attachment with an address.

SIGNATURE: *Mark Dundale* **MARK M DUNDALE** **5-31-96**
DATE: **PRE: (305) 859-7588**

CR2E034 (12/95)